

# STATEMENT OF SPECIAL INSPECTIONS

## Identification of the Design Professional in Responsible Charge

Project: \_\_\_\_\_  
Project Location: \_\_\_\_\_  
Project Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### SC Registered Design Professional in Responsible Charge:

Name: \_\_\_\_\_  
Firm (optional): \_\_\_\_\_  
Address: \_\_\_\_\_  
SC License No.: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Architect:** \_\_\_\_\_  
Firm (optional): \_\_\_\_\_  
Address: \_\_\_\_\_  
SC License No.: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Structural Engineer:** \_\_\_\_\_  
Firm (optional): \_\_\_\_\_  
Address: \_\_\_\_\_  
SC License No.: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

This *Identification of the Design Professional in Responsible Charge* is submitted as a condition for permit issuance in accordance with the Special Inspection and Structural Testing requirements of the International Building Code. To be included with this form is a **“Statement of Special Inspections”** applicable to the project as well as a listing of the Special Inspector(s) and their qualifications (see reverse side of this form) and the identity of other approved agencies that are to be retained for conducting these inspections.

The Special Inspector shall keep records of all inspections and shall furnish inspection reports to the Design Professional in Responsible Charge and the Building Official as outlined in the South Carolina Department of Labor, Licensing and Regulation [Special Inspections Manual](#).

A **Final Report of Special Inspections** documenting completion of all required Special Inspections, testing and correction of any discrepancies noted in the inspections shall be submitted prior to issuance of a Certificate of Occupancy.

### Design Professional in Responsible Charge:

\_\_\_\_\_  
Type or Print Name  
  
\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Date

Individual Seal
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Firm Seal (if applicable)
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# STATEMENT OF SPECIAL INSPECTIONS

## List of Special Inspectors

Please see the [SCLLR Special Inspections Manual](#) for criteria that Special Inspectors must meet. **Please attach a copy of each special inspector's state registration or license.**

Project: \_\_\_\_\_

Project Location: \_\_\_\_\_

Inspector Name: \_\_\_\_\_

Firm (optional): \_\_\_\_\_

Address: \_\_\_\_\_

SC Reg./Lic. No.(s): \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Inspections to be Performed: \_\_\_\_\_

Inspector Name: \_\_\_\_\_

Firm (optional): \_\_\_\_\_

Address: \_\_\_\_\_

SC Reg./Lic. No.(s): \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Inspections to be Performed: \_\_\_\_\_

Inspector Name: \_\_\_\_\_

Firm (optional): \_\_\_\_\_

Address: \_\_\_\_\_

SC Reg./Lic. No.(s): \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Inspections to be Performed: \_\_\_\_\_

Inspector Name: \_\_\_\_\_

Firm (optional): \_\_\_\_\_

Address: \_\_\_\_\_

SC Reg./Lic. No.(s): \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Inspections to be Performed: \_\_\_\_\_

When special inspections are required by the design professional or the IBC, the project owner or his designated architect or engineer of record shall retain the services of a qualified special inspector to test the work indicated by the "Statement of Special Inspections". I certify that I have contracted with the above listed inspectors to perform special inspections for the project listed above.

Property Owner or Design Professional in Responsible Charge:

\_\_\_\_\_  
Type or Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# STATEMENT OF SPECIAL INSPECTIONS

## Contractor's Statement of Responsibility

Each contractor responsible for the construction or fabrication of a main wind or seismic force-resisting system, designated seismic system or wind or seismic-resisting component listed in the Statement of Special Inspections, Requirements for Seismic or Wind Resistance, must submit a Statement of Responsibility.

Project Name: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_

License No.: \_\_\_\_\_

### Description of building systems and components included in Statement of Responsibility:

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### Contractor's Acknowledgement of Special Requirements

I hereby acknowledge that I have received, read, and understand the Statement of Special Inspections and Special Inspection program:

I hereby acknowledge that control will be exercised to obtain conformance with the approved construction documents.

\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Contractor's Provisions for Quality Control

- Procedures for exercising control within the contractor's organization, the method and frequency of reporting and distribution of reports is attached to this Statement.
- Identification and qualifications of the person(s) exercising such control and their position(s) in the organization are attached to this Statement.

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