



# STATEMENT OF SPECIAL INSPECTIONS

## CITY OF NOVI BUILDING DIVISION

MICHIGAN BUILDING CODE 2021 (MBC 2021)

### PROJECT INFORMATION:

Project Name:	Project Address:
Owner Name:	Building Permit #:
Architect/Engineer Name:	

### FORM PREPARED BY:

Company Name:	Telephone #:
Company Address:	Fax #:
	Cell Phone #:
Architect/Engineer Name:	E-Mail Address:
Architect/Engineer Signature:	Date:

### INSTRUCTIONS:

- **Complete Form:** The Registered Design Professional (Architect/Engineer) shall complete this form and submit it with the Building Permit Application for review and approval by the Building Division prior to the issuance of the Building Permit (Sections 107.1, 1704.2.3, and 1704.3). This form will be attached to the approved plans that shall be on site for all inspections.
- **Provide Qualifications:** Please refer to the "**MINIMUM QUALIFICATIONS FOR SPECIAL INSPECTORS**", posted on the Building Department website under "Special Inspection Program" at [www.cityofnovi.org](http://www.cityofnovi.org). Each party involved with the Special Inspection and Testing Process shall meet these minimum qualification standards (Sections 1701, 1702, 1703, and 1704). Please provide the appropriate documents that verify the qualifications of each individual or firm listed. This should include all current Education, Experience, Certifications and Accreditations Required for each Special Inspector, Special Inspection Agency, and Fabricator Shop. Information shall also be provided outlining the qualifications of any Testing Labs (soils, concrete, masonry, steel, and others) being used for the Project. This includes information about the Accreditation of the Testing Lab, names and qualifications of each designated Laboratory Technician, and verification of the calibration of each piece of equipment used in the testing.
- **Note:** This form is intended for buildings or structures that are assigned a Seismic Design Category A or B. The Building Division will provide a modified Statement of Special Inspection for buildings or structures assigned to a Seismic Design Category higher than B.
- **Special Inspection Categories:** Please select all the categories that apply to your Project by checking the appropriate boxes below and enter the name of each individual responsible for the special inspection you have checked in the space provided to the right of each category.

<b>A.</b>	<b>INSPECTION OF FABRICATORS (1704.2.5)</b>		
<p>Where fabrication of structural load-bearing members and assemblies is being performed on the premises of a Fabricator's shop, special inspection of the fabricated items shall be required by Section (1704.2.5) and as required elsewhere in MBC-2015. See Category A.1 or A.2 below for each Fabricator as appropriate:</p>			
<b>A. 1. FABRICATION &amp; IMPLEMENTATION PROCEDURES (1704.2.5.1) FOR FABRICATORS NOT REGISTERED &amp; NOT APPROVED:</b>			
CHECK BOX BELOW IF REQ'D	INDICATE BELOW ALL STRUCTURAL LOAD-BEARING MEMBERS & ASSEMBLIES THAT ARE BEING ASSEMBLED ON THE PREMISES OF A FABRICATOR'S SHOP THAT IS NOT REGISTERED AND NOT APPROVED (SECTION 1704.2.5.2)	INDICATE BELOW THE NAME OF THE FABRICATOR SHOP	PLEASE PROVIDE THE NAME AND PHONE NUMBER OF THE SPECIAL INSPECTION AGENCY AND THE INDIVIDUAL PERFORMING THIS SPECIAL INSPECTION SERVICE IN THE SPACE BELOW
<input type="checkbox"/>	1. Structural Steel.		
<input type="checkbox"/>	2. Steel Joists & Girders.		
<input type="checkbox"/>	3. Pre-Cast Concrete.		
<input type="checkbox"/>	4. Pre-stressed Concrete.		
<input type="checkbox"/>	5. Wood Construction (Section 1705.5) - Prefabricated Structural Elements covering:		
<input type="checkbox"/>	5.1. Manufactured Wood Trusses.		
<input type="checkbox"/>	5.2. Walls.		
<input type="checkbox"/>	5.3. Floors.		
<input type="checkbox"/>	5.4. Roof Assemblies.		
<input type="checkbox"/>	6. Cold-formed Steel Trusses.		
<input type="checkbox"/>			
<input type="checkbox"/>			

<b>A.</b>	<b>INSPECTION OF FABRICATORS (1704.2.5)</b>		
<p>Where fabrication of structural load-bearing members and assemblies is being performed on the premises of a Fabricator's shop, special inspection of the fabricated items shall be required by Section (1704.2.5) and as required elsewhere in MBC-2015. See Category A.1 or A.2 below for each Fabricator as appropriate:</p>			
<b>A. 2. FABRICATOR APPROVAL (1704.2.5.2) FOR FABRICATORS REGISTERED &amp; APPROVED:</b>			
CHECK BOX BELOW IF REQ'D	INDICATE BELOW ALL STRUCTURAL LOAD-BEARING MEMBERS & ASSEMBLIES THAT ARE BEING ASSEMBLED ON THE PREMISES OF A FABRICATOR'S SHOP THAT IS REGISTERED AND APPROVED (SECTION 1704.2.5.2)	INDICATE BELOW THE NAME OF THE FABRICATOR	PLEASE PROVIDE THE NAME AND PHONE NUMBER OF THE SPECIAL INSPECTION AGENCY AND THE INDIVIDUAL PERFORMING THIS SPECIAL INSPECTION SERVICE. PLEASE NOTE THE REQUIRED TASKS THAT SHALL BE COMPLETED LISTED AT THE BOTTOM OF THIS PAGE.
<input type="checkbox"/>	1. Structural Steel.		
<input type="checkbox"/>	2. Steel Joists & Girders.		
<input type="checkbox"/>	3. Pre-Cast Concrete.		
<input type="checkbox"/>	4. Pre-stressed Concrete.		
<input type="checkbox"/>	5. Wood Construction (Section 1705.5) - Prefabricated Structural Elements covering:		
<input type="checkbox"/>	5.1. Manufactured Wood Trusses.		
<input type="checkbox"/>	5.2. Walls.		
<input type="checkbox"/>	5.3. Floors.		
<input type="checkbox"/>	5.4. Roof Assemblies.		
<input type="checkbox"/>	6. Cold-formed Steel Trusses.		
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>Required tasks to complying with the requirements of Category A.2.:</b> <ol style="list-style-type: none"> <li>1. Prior to issuance of the Building Permit, provide the Building Department with a copy of the selected Fabricator's current shop accreditation/certification.</li> <li>2. At the completion of fabrication, the Special Inspector and/or Special Inspection Agency shall obtain from each registered and approved Fabricator a Certificate of Compliance stating that the work was performed in accordance with the approved construction documents and submit all certificates to the Building Department.</li> </ol>			

B. STEEL CONSTRUCTION (1705.2 & TABLE 1705.2.3)				
CHECK BOX BELOW IF REQ'D	CONTINUAL	PERIODIC	REQUIRED VERIFICATION AND INSPECTIONS	PLEASE PROVIDE THE NAME AND PHONE NUMBER OF THE SPECIAL INSPECTION AGENCY AND INDIVIDUAL PERFORMING THIS SPECIAL INSPECTION SERVICE IN THE SPACE BELOW.
<b>1. Cold - formed steel deck: 1705.2-2</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special inspections and qualifications of welding special inspectors for cold-formed steel floor and roof deck shall be in accordance with the quality assurance inspection requirements of SDI QA/QC. Referenced Standard: Applicable ASTM material standards.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>2. Table 1705.2.3: Required Special Inspectors of Open-Web Steel Joist and Joist Girders</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cold formed steel trusses	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>3. Structural Steel (1705.2.1):</b> Special inspections for structural steel shall be in accordance with the quality assurance inspection requirements of AISC 360-10 (Please refer to Chapter N). P = Perform for each welded joint or members, for each bolted connection, and for each steel element. O = Observe items on a random basis. Operations need not be delayed depending on these inspections.	

C. CONCRETE CONSTRUCTION (1705.3 & TABLE 1705.3)				
CHECK BOX BELOW IF REQ'D	CONTINUAL	PERIODIC	REQUIRED VERIFICATION AND INSPECTIONS	PLEASE PROVIDE THE NAME AND PHONE NUMBER OF THE SPECIAL INSPECTION AGENCY AND INDIVIDUAL PERFORMING THIS SPECIAL INSPECTION SERVICE IN THE SPACE BELOW.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>1. Inspection of reinforcing steel, including prestressing tendons, and placement.</b>            Referenced Standards: ACI 318: 20,25.2,25.3,26.6.1,26.6.3            MBC-2015: 1908.4</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>2. Inspection of reinforcing steel welding in accordance with Table 1705.5.2.2</b>  <b>1705.3.1, Item 2.b.</b>            Referenced Standards: AWS D1.4; ACI 318: 26.6.4</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>3. Inspection of anchors cast in concrete where allowable loads have been increased or where strength design is used.</b>            Referenced Standards: ACI 318: 17.8.2            MBC-2015</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>4. Inspection of anchors post-installed in hardened concrete members.*</b>            Referenced Standards: ACI 318: 17.8.2.4, 17.8.2            * Specific requirements for special inspection shall be included in the research report for the anchor issued by an approved source in accordance with ACI 355.2 or other qualification procedures. Where specific requirements are not provided, special inspection requirements shall be specified by the registered design professional and shall be approved by the Building Official prior to the commencement of the work.</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>5. Verifying use of required design mix.</b>            Referenced Standards: ACI 318: Ch. 19, 26.4.3, 26.4.4            MBC-2015: Chap 1904.1,1904.2, 1908.2, 1908.3</p>	

C. (con't)	CONCRETE CONSTRUCTION (1705.3 & TABLE 1705.3)				
CHECK BOX BELOW IF REQ'D	CONTINUAL	PERIODIC	REQUIRED VERIFICATION AND INSPECTIONS	PLEASE PROVIDE THE NAME AND PHONE NUMBER OF THE SPECIAL INSPECTION AGENCY AND INDIVIDUAL PERFORMING THIS SPECIAL INSPECTION SERVICE IN THE SPACE BELOW.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>6. At the time fresh concrete is sampled to fabricate specimens for strength tests, perform slump and air content tests, and determine the temperature of the concrete.</b></p> <p>Referenced Standards: ASTM C 172; ASTM C 31; ACI 318: 26.4, 26.12 MBC-2015: 1908.10</p>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>7. Inspection of concrete and shotcrete placement for proper application techniques.</b></p> <p>Referenced Standards: ACI 318: 26.5 MBC-2015: 1908.6., 1908.7, 1908.8</p>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>8. Inspection for maintenance of specified curing temperature and techniques.</b></p> <p>Referenced Standards: ACI 318: 26.5.3 – 26.5.5 MBC-2015: 1908.9</p>		
<b>9. Inspection of prestressed concrete:</b>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>a. Application of prestressing forces.</b></p> <p>Referenced Standards: ACI 318: 26.10</p>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>b. Grouting of bonded prestressing tendons in the seismic-force-resisting system.</b></p> <p>Referenced Standards: ACI 318: 26.10</p>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>10. Erection of precast concrete members.</b></p> <p>Referenced Standards: ACI 318: Ch. 16, 26.8</p>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>11. Verification of the in-situ concrete strength, prior to stressing of tendons in post-tensioned concrete and prior to the removal of shores and forms from beams and structural slabs.</b></p> <p>Referenced Standards: ACI 318: 26.11.2</p>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>12. Inspect formwork for shape, location, and dimensions of the concrete members being formed.</b></p> <p>Referenced Standards: ACI 318: 26.11.1.2(b)</p>		

	<p><b>MASONRY CONSTRUCTION (1705.4)</b></p> <p>Masonry construction shall be inspected and verified in accordance with the provisions of Section 2101.3 of MBC-2015, and with the Masonry Standard TMS 402/ACI 530/ASCE 5 and TMS 602/ACI 530.1/ASCE 6 Quality Assurance Program requirements indicated in Section 3.1 of TMS 402-13/ACI 530-13/ASCE 5-13.</p>	
<b>D.</b>	<ul style="list-style-type: none"> <li>• The level of required quality assurance depends on whether the masonry was designed in accordance with Chapters 2, 3, 4, and 8, or Appendix B (engineered), or in accordance with Chapters 5, 6, or 7 (empirical or prescriptive) of the Masonry Standard TMS 402-13/ACI 530-13/ASCE 5-13.</li> <li>• There are three levels of quality assurance for masonry construction listed below. Please identify which one applies to your project.</li> </ul> <p>Exception: Special Inspections are not required for masonry construction that meets one of the three exceptions listed in Section 1705.4 of MBC-2015.</p>	
CHECK BOX BELOW IF REQ'D	REQUIRED VERIFICATION AND INSPECTIONS	PLEASE PROVIDE THE NAME AND PHONE NUMBER OF THE SPECIAL INSPECTION AGENCY AND INDIVIDUAL PERFORMING THIS SPECIAL INSPECTION SERVICE IN THE SPACE BELOW.
<input type="checkbox"/>	<p><b>Level A Quality Assurance</b> per applicable provision of Section 3.1.1 of TMS 402-13/ACI 530-13/ASCE 5-13.</p>	The minimum quality assurance program for masonry in Risk Category I, II, or III structures and designed in accordance with Part 4 or Appendix A shall comply with Table 3.1.1 of TMS 402/ACI 530/ASCE 5.
<input type="checkbox"/>	<p><b>Level B Quality Assurance</b> per applicable provision of Section 3.1.2 of TMS 402-13/ACI 530-13/ASCE 5-13.</p>	The minimum quality assurance program for masonry in Risk Category IV structures and designed in accordance with Chapter 12 or 13 shall comply with Table 3.1.2 of TMS 402/ACI 530/ASCE 5.
		The minimum quality assurance program for masonry in Risk Category I, II, or III structures and designed in accordance with Part 4 or Appendix A with Table 3.1.2 of TMS 402/ACI 530/ASCE 5.
<input type="checkbox"/>	<p><b>Level C Quality Assurance</b> per applicable provision of Section 1.1.3 of TMS 402-13/ACI 530-13/ASCE 5-13.</p>	The minimum quality assurance program for masonry in Risk Category IV structures and designed in accordance with Chapters other than Part 4 or Appendix A shall comply with Table 3.1.3 of TMS 402/ACI 530/ASCE 5.
<input type="checkbox"/>	<p><b>Vertical Masonry Foundation Elements</b> per Section 1705.4.2 of MBC-2015.</p>	Special inspection shall be performed in accordance with Section 1705.4.2 of MBC-2015 for vertical masonry foundation elements.

<b>E.</b>	<b>WOOD CONSTRUCTION (1705.5) NA</b> <ul style="list-style-type: none"> <li>• Special Inspections of the fabrication process of prefabricated wood structural elements and assemblies (covering: walls, floors, or roof assemblies along with manufactured roof trusses) shall be in accordance with Section 1704.2.5</li> <li>• Special Inspections of site-built assemblies shall be in accordance with Section 1705.5 as indicated below.</li> </ul>	
CHECK BOX BELOW IF REQ'D	REQUIRED VERIFICATION AND INSPECTIONS	PLEASE PROVIDE THE NAME AND PHONE NUMBER OF THE SPECIAL INSPECTION AGENCY AND INDIVIDUAL PERFORMING THIS SPECIAL INSPECTION SERVICE IN THE SPACE BELOW.
<input type="checkbox"/>		

<b>F.</b>	<p><b>SOILS (1705.6 &amp; TABLE 1705.6)</b></p> <ul style="list-style-type: none"> <li>• Perform Special Inspections of existing site soil conditions, fill placement and load-bearing requirements as required by Section 1705.6 and Table 1705.6.</li> <li>• Determine compliance using the approved geotechnical report (Section 1803.6), and the construction documents prepared by the Registered Design Professional.</li> <li>• Determine that proper materials and procedures are used during fill placement and in accordance with the provisions of the approved geotechnical report.</li> </ul> <p><u>Exception:</u> Where Section 1803 does not require reporting of the materials and procedures for fill placement, the special inspector shall verify that the in-place dry density of the compacted fill is not less than 90% of the maximum dry density at optimum moisture content determined in accordance with ASTM D 1557.</p>			
CHECK BOX BELOW IF REQ'D	CONTINUAL	PERIODIC	REQUIRED VERIFICATION AND INSPECTIONS	PLEASE PROVIDE THE NAME AND PHONE NUMBER OF THE SPECIAL INSPECTION AGENCY AND INDIVIDUAL PERFORMING THIS SPECIAL INSPECTION SERVICE IN THE SPACE BELOW.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>1. Verify materials below shallow footings are adequate to achieve the design bearing capacity.</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>2. Verify excavations are extended to proper depth &amp; have reached proper material.</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>3. Perform classification and testing of controlled fill materials.</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>4. Verify use of proper materials, densities and lift thicknesses during placement and compaction of compacted fill.</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>5. Prior to placement of compacted fill, observe subgrade and verify that site has been prepared properly.</b>	

<b>G.</b>	<b>DRIVEN DEEP FOUNDATIONS (1705.7 &amp; TABLE 1705.7) NA</b> <ul style="list-style-type: none"> <li>• Perform Special Inspections during installation and testing of driven deep foundation elements as required by Table 1705.7.</li> <li>• Determine compliance using the approved construction documents prepared by the Registered Design Professionals.</li> </ul>			
CHECK BOX BELOW IF REQ'D	CONTINUAL	PERIODIC	REQUIRED VERIFICATION AND INSPECTIONS NA	PLEASE PROVIDE THE NAME AND PHONE NUMBER OF THE SPECIAL INSPECTION AGENCY AND INDIVIDUAL PERFORMING THIS SPECIAL INSPECTION SERVICE IN THE SPACE BELOW.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

<b>H.</b>	<b>CAST-IN-PLACE DEEP FOUNDATIONS (1705.8 &amp; TABLE 1705.8) NA</b> <ul style="list-style-type: none"> <li>• Perform Special Inspections during installation and testing of cast-in-place deep foundation elements as required by Table 1705.8.</li> <li>• Determine compliance using the approved geotechnical report (Section 1803.6), and the construction documents prepared by the Registered Design Professionals.</li> </ul>			
CHECK BOX BELOW IF REQ'D	CONTINUAL	PERIODIC	REQUIRED VERIFICATION AND INSPECTIONS NA	PLEASE PROVIDE THE NAME AND PHONE NUMBER OF THE SPECIAL INSPECTION AGENCY AND INDIVIDUAL PERFORMING THIS SPECIAL INSPECTION SERVICE IN THE SPACE BELOW.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I. HELICAL PILE FOUNDATIONS (1705.9) NA				
CHECK BOX BELOW IF REQ'D	CONTINUAL	PERIODIC	REQUIRED VERIFICATION AND INSPECTIONS NA	PLEASE PROVIDE THE NAME AND PHONE NUMBER OF THE SPECIAL INSPECTION AGENCY AND INDIVIDUAL PERFORMING THIS SPECIAL INSPECTION SERVICE IN THE SPACE BELOW.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

J.	<p><b>SPRAYED FIRE-RESISTANT MATERIALS (SFRM) (1705.14)</b></p> <ul style="list-style-type: none"> <li>Special Inspections for sprayed fire-resistant materials (SFRM) applied to floor, roof and wall assemblies and structural members shall be in accordance with Sections 1705.1.4 through 1705.14.6.</li> <li>Special Inspections shall be based on the fire-resistance design as designated in the approved construction documents.</li> <li>The tests set forth in Section 1705.14 shall be based on samplings from specific floor, roof and wall assemblies and structural members.</li> <li>Special Inspections shall be performed after the rough installation of electrical, automatic sprinkler, mechanical, and plumbing systems and suspension systems for ceilings, where applicable.</li> </ul>	
CHECK BOX BELOW IF REQ'D	REQUIRED VERIFICATION AND INSPECTIONS	PLEASE PROVIDE THE NAME AND PHONE NUMBER OF THE SPECIAL INSPECTION AGENCY AND INDIVIDUAL PERFORMING THIS SPECIAL INSPECTION SERVICE IN THE SPACE BELOW.
<input type="checkbox"/>	Perform Spray Fire-Resistant Materials Inspections per applicable provision of Section 1705.14.	

K.	<p><b>MASTIC &amp; INTUMESCENT FIRE-RESISTANT COATINGS (1705.14) NA</b></p>	
CHECK BOX BELOW IF REQ'D	REQUIRED VERIFICATION AND INSPECTIONS NA	PLEASE PROVIDE THE NAME AND PHONE NUMBER OF THE SPECIAL INSPECTION AGENCY AND INDIVIDUAL PERFORMING THIS SPECIAL INSPECTION SERVICE IN THE SPACE BELOW.
<input type="checkbox"/>		

L.	<b>EXTERIOR INSULATION AND FINISH SYSTEMS (EIFS) (1705.15 AND 1408.6) NA</b>	
CHECK BOX BELOW IF REQ'D	REQUIRED VERIFICATION AND INSPECTIONS NA	PLEASE PROVIDE THE NAME AND PHONE NUMBER OF THE SPECIAL INSPECTION AGENCY AND INDIVIDUAL PERFORMING THIS SPECIAL INSPECTION SERVICE IN THE SPACE BELOW.
<input type="checkbox"/>		

M.	<b>FIRE-RESISTANT PENETRATIONS AND JOINTS (1705.17)</b>	
CHECK BOX BELOW IF REQ'D	REQUIRED VERIFICATION AND INSPECTIONS	PLEASE PROVIDE THE NAME AND PHONE NUMBER OF THE SPECIAL INSPECTION AGENCY AND INDIVIDUAL PERFORMING THIS SPECIAL INSPECTION SERVICE IN THE SPACE BELOW.
<input type="checkbox"/>	<b>1. Penetration Firestops (1705.17.1)</b> Special Inspections of penetration firestop systems that are tested and listed in accordance with Sections 714.3.1.2 and 714.4.1.2 shall be conducted by an approved Inspection Agency in accordance with ASTM E 2174.	
<input type="checkbox"/>	<b>2. Fire-Resistant Joint Systems (1705.17.2)</b> Special Inspection of fire-resistant joint systems that are tested and listed in accordance with Sections 715.3 and 715.4 shall be conducted by an approved Inspection Agency in accordance with ASTM E 2393.	

N.	<b>SPECIAL INSPECTIONS FOR SMOKE CONTROL (1705.18)</b> <ul style="list-style-type: none"> <li>• Smoke control systems shall be tested by a Special Inspector.</li> </ul>	
CHECK BOX BELOW IF REQ'D	REQUIRED VERIFICATION AND INSPECTIONS	PLEASE PROVIDE THE NAME AND PHONE NUMBER OF THE SPECIAL INSPECTION AGENCY AND INDIVIDUAL PERFORMING THIS SPECIAL INSPECTION SERVICE IN THE SPACE BELOW.
<input type="checkbox"/>	<p><b>Testing Scope (1705.17.1):</b> The test shall be as follows:</p> <ol style="list-style-type: none"> <li>1. During erection of ductwork and prior to concealment for the purposes of leakage testing and recording of device location.</li> <li>2. Prior to occupancy and after sufficient completion for the purposes of pressure difference testing, flow measurements and detection and control verification.</li> </ol>	

O.	<b>SPECIAL CASES AS DETERMINED BY THE BUILDING DEPARTMENT (1705.1.1)</b> <ul style="list-style-type: none"> <li>• Special Inspections shall be required for proposed work that is, in the opinion of the Building Department, unusual in its nature, such as, but not limited to, the following examples listed below:</li> </ul>	
CHECK BOX BELOW IF REQ'D	REQUIRED VERIFICATION AND INSPECTIONS	PLEASE PROVIDE THE NAME AND PHONE NUMBER OF THE SPECIAL INSPECTION AGENCY AND INDIVIDUAL PERFORMING THIS SPECIAL INSPECTION SERVICE IN THE SPACE BELOW.
<input type="checkbox"/>	<p><b>1. Construction materials and systems that are alternatives to materials and systems prescribed by the MBC-2015.</b></p>	
<input type="checkbox"/>	<p><b>2. Unusual design applications of materials described in the MBC-2015.</b></p>	
<input type="checkbox"/>	<p><b>3. Materials and systems required to be installed in accordance with additional manufacturer's instructions that prescribe requirements not contained in the MBC-2015 or in referenced standards.</b></p> <p>a. Rammed Aggregate Piers</p> <p><b>1. Special Inspections shall be per or in accordance with Part 4.3 of ICC ESR-1685</b></p>	