

# SPECIAL INSPECTION PROCEDURE

## IBC CHAPTER 17 – 2018 EDITION

### When Required

All projects that require a SC licensed Architect or Engineer per SC Architectural and Engineering registration law.

### Overview

The program consists of seven basic forms, which must be filled out by the SC Design Professional in Responsible Charge and submitted to the building codes department. *The Identification of the Design Professional in Responsible Charge, Earthquake Design Data Form, Checklist of Required Special Inspection Reports, & The Statement of Special Inspections* must be submitted at the time of application for Plan Review. The *Final Report of Special Inspections* is to be placed at the jobsite with all the field reports upon completion of the project, and made available to the Building Inspector during or prior to the Final Building Inspection. The *Owners Acknowledgement of Special Inspections* must also be submitted at the time of application for Plan Review. The Contractor's *Statement of Responsibility for Seismic-Force-Resisting Systems* must be submitted prior to permitting.

### Identification of the Design Professional in Responsible Charge

This form provides general information about the project and identifies the SC Design Professional in Responsible Charge as required in **IBC Section 107.3.4**. This form submitted as a condition for permit issuance and as a commitment to Special Inspections.

### Checklist of Required Inspections Report, & The Statement of Special Inspections

These forms are to be filled out by the SC Design Professional in Responsible Charge by checking the boxes of the required inspections specific to the project. The names of the individuals or firms providing these inspections will be entered at this time. The qualifications for the inspector will be specific to the inspection performed. The minimum qualifications will be listed by the South Carolina Building Codes Council Special Inspection Policy document, or as approved by the Building Official. The forms will be reviewed by Building Department for completeness.

### Field Reports

These reports are the results of the required inspections and must be performed by the individuals/firms designated by the SC Design Professional in Responsible Charge.

**All field reports generated from the inspections must be kept on the jobsite in a binder with the approved drawings and contain the following information:**

- The project name and permit number.
- The project address
- The name, address, phone number of the individual/firm performing the inspection and generating the report.
- The IBC Section or Table number of the inspection. The criteria for each inspection must be performed as outlined in the appropriate code section or table as specified in *The Checklist of Special Inspections*. Some inspections are periodic, some are continuous and others are performed only once. When tables are referenced, all applicable criteria in the table must be addressed.

### Final Report of Special Inspections

The SC Design Professional in Responsible Charge shall collect final inspection reports from all required special inspections and compile them into the ***Final Report of Inspections***. This report is to certify that all required inspections have been performed and all corrections have been made. The report is then put with the field report in the binder on the jobsite prior to requesting a Final Building Inspection. An updated *Checklist of Required Special Inspection Reports & The Statement of Special Inspections* including all names and addresses of firms that performed the inspections must also be provided.

interim reports in the jobsite binder prior to requesting the Final Building Inspection.

**Contractor's Statement of Responsibility for Seismic-Force-Resisting System – By Contractor**  
**Owners Acknowledgement of Special Inspections – By Owner of project**

# OWNERS ACKNOWLEDGEMENT OF SPECIAL INSPECTIONS

I hereby acknowledge that I am the owner of the project referenced below and I have contracted with the design professional listed below to act as my agent in contracting and coordinating the required special inspections for this project.

PERMIT NUMBER: \_\_\_\_\_

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

Owner's Name:  
\_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's telephone contact numbers: \_\_\_\_\_

SC Registered Design Professional in Responsible Charge: \_\_\_\_\_

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

License Number: SC \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

# IDENTIFICATION OF THE DESIGN PROFESSIONAL IN RESPONSIBLE CHARGE

Project: \_\_\_\_\_ Permit Number: \_\_\_\_\_

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

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

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

SC Registered Design Professional in Responsible Charge: \_\_\_\_\_

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

SC License Number: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

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

Architect: \_\_\_\_\_

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

SC License Number: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

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

Structural Engineer: \_\_\_\_\_

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

SC License Number: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

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

This ***Statement of Special Inspections*** is submitted as a condition for permit issuance in accordance with the Special Inspection requirements of the International Building Code. It includes a Schedule of Special Inspection Services applicable to this project as well as the name of the Special Inspector(s) and identifies any other approved agencies that are to be retained for conducting these inspections.

The Special Inspector(s) shall keep records of all inspections and shall furnish inspection reports to the Design Professional in Responsible Charge and the Building Official. Documented discrepancies shall be brought to the immediate attention of the Contractor for correction. If discrepancies are not corrected, the discrepancies shall be brought to the attention of the Design Professional in Responsible Charge and the Building Official. **The Building Official may post a Stop-Work Order when discrepancies remain uncorrected for more than 14 days.** The Special Inspection Program does not relieve the Contractor of his/her responsibilities.

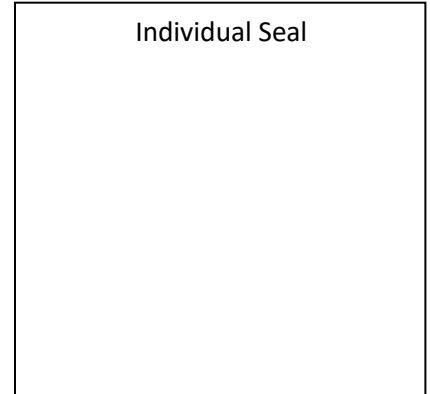
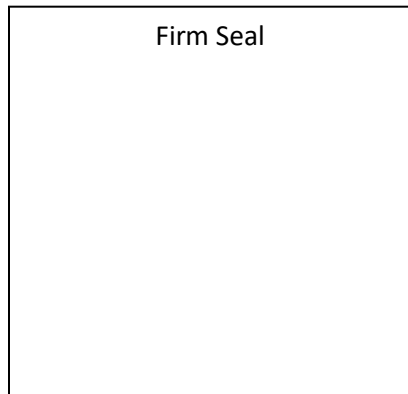
A ***Final Report of Special Inspections*** shall be submitted prior to the issuance of a Certificate of Occupancy. This report shall document the completion of all required Special Inspections and list corrections of any discrepancies noted in the inspection reports.

Job safety and means and methods of construction are solely the responsibility of the Contractor.

Design Professional in Responsible Charge:

\_\_\_\_\_  
Type or print Name

\_\_\_\_\_  
Signature Date



# STATEMENT OF SPECIAL INSPECTIONS

Project: \_\_\_\_\_ Permit Number: \_\_\_\_\_

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

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

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

SC Registered Design

Professional in Responsible Charge: \_\_\_\_\_

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

SC License Number: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

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

Architect: \_\_\_\_\_

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

SC License Number: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

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

Structural Engineer: \_\_\_\_\_

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

SC License Number: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

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

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A ***Final Report of Special Inspections*** shall be submitted prior to the issuance of a Certificate of Occupancy. This report shall document the completion of all required Special Inspections and list corrections of any discrepancies noted in the inspection reports.

**Job site safety and means and methods of construction are solely the responsibility of the Contractor.**

**Prepared By:**

\_\_\_\_\_  
Type or print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Firm Seal

Individual Seal

# CHECKLIST OF REQUIRED SPECIAL INSPECTION REPORTS & FIRMS/INDIVIDUALS PERFORMING INSPECTIONS

Project: \_\_\_\_\_ Permit No: \_\_\_\_\_

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

**Fabricator ISO 9000 Lead Quality Assurance Auditor. IBC 1704.2.5.1**

Firm/Individual Name: \_\_\_\_\_ SC License No: \_\_\_\_\_

**Metal Building Fabrication IBC 1704.2.5**

Firm/Individual Name: \_\_\_\_\_ SC License No: \_\_\_\_\_

**Precast Concrete Fabrication IBC 1704.2.5**

Firm/Individual Name: \_\_\_\_\_ SC License No: \_\_\_\_\_

**Prefabricated Trusses IBC 1704.2.5**

Firm/Individual Name: \_\_\_\_\_ SC License No: \_\_\_\_\_

**Steel Bar Joist Fabrication IBC 1705.2.3**

Firm/Individual Name: \_\_\_\_\_ SC License No: \_\_\_\_\_

**Structural Steel Fabrication IBC 1705.2.1, 1705.12.1**

Firm/Individual Name: \_\_\_\_\_ SC License No: \_\_\_\_\_

**Site Welding IBC 1705.3.1, 2204.1**

Firm/Individual Name: \_\_\_\_\_ SC License No: \_\_\_\_\_

**Steel Frame IBC 1705.2**

Firm/Individual Name: \_\_\_\_\_ SC License No: \_\_\_\_\_

**High Strength Bolts IBC 1705.2, 2204.2**

Firm/Individual Name: \_\_\_\_\_ SC License No: \_\_\_\_\_

**Concrete IBC 1705.3**

Firm/Individual Name: \_\_\_\_\_ SC License No: \_\_\_\_\_

**Masonry IBC 1705.4**

Firm/Individual Name: \_\_\_\_\_ SC License No: \_\_\_\_\_

# CHECKLIST OF REQUIRED SPECIAL INSPECTION REPORTS & FIRMS/INDIVIDUALS PERFORMING INSPECTIONS

**Wood Construction** IBC 1705.5 and IBC 2306.3.2

Firm/Individual Name: \_\_\_\_\_ SC License No: \_\_\_\_\_

**Soils** IBC Sections 1705.6

Firm/Individual Name: \_\_\_\_\_ SC License No: \_\_\_\_\_

**Fill Placement** IBC 1803.5

Firm/Individual Name: \_\_\_\_\_ SC License No: \_\_\_\_\_

**Pile Foundations** IBC Section 1705.7

Firm/Individual Name: \_\_\_\_\_ SC License No: \_\_\_\_\_

**Pier Foundations** IBC Section 1705.8

Firm/Individual Name: \_\_\_\_\_ SC License No: \_\_\_\_\_

**Sprayed Fire Resistance Materials** IBC Sections 1705.14 through 1705.15

Firm/Individual Name: \_\_\_\_\_ SC License No: \_\_\_\_\_

**Exterior Insulation and Finish Systems (EIFS)** IBC Section 1705.16

Firm/Individual Name: \_\_\_\_\_ SC License No: \_\_\_\_\_

**Special Cases** IBC Section 1705.1.1

Firm/Individual Name: \_\_\_\_\_ SC License No: \_\_\_\_\_

**Special Inspection for Smoke Control** IBC Sections 1705.18

Firm/Individual Name: \_\_\_\_\_ SC License No: \_\_\_\_\_

# Special Inspections for Seismic Resistance

## IBC Section 1705

**Structural Steel** IBC Section 1705.2.1

Firm/Individual Name: \_\_\_\_\_ SC License No: \_\_\_\_\_

**Structural Wood** IBC Section 1705.5, 1705.12.2

Firm/Individual Name: \_\_\_\_\_ SC License No: \_\_\_\_\_

**Cold Formed Steel Framing** IBC Section 1705.2.2 through 1705.2.4, 1705.12.3

Firm/Individual Name: \_\_\_\_\_ SC License No: \_\_\_\_\_

**Storage Racks and Access Floors** IBC Section 1705.12.7

Firm/Individual Name: \_\_\_\_\_ SC License No: \_\_\_\_\_

**Architectural Components** IBC Section 1705.12.5

Firm/Individual Name: \_\_\_\_\_ SC License No: \_\_\_\_\_

**Mechanical and Electrical Components** IBC Section 1705.12.6

Firm/Individual Name: \_\_\_\_\_ SC License No: \_\_\_\_\_

**Structural Observations** IBC Section 1704.6.1

Firm/Individual Name: \_\_\_\_\_ SC License No: \_\_\_\_\_

**Contractor Statement of Responsibility for Seismic System** IBC Section 1704.4

Firm/Individual Name: \_\_\_\_\_ SC License No: \_\_\_\_\_

# Contractor Statement of Responsibility

IBC 1704.4 Contractor Responsibility. Each contractor responsible for the construction of a seismic force-resisting system, designated seismic system, wind or seismic resisting component listed in the Statement of Special Inspections.

Permit Number: \_\_\_\_\_

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

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

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

Contractor's License Number: \_\_\_\_\_

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

Contractor's Phone Number: \_\_\_\_\_

1. I hereby acknowledge that I have read and am aware of the special inspection requirements contained in the Statement of Special Inspections.

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

3. The procedures for exercising control within the contractor's organization are as follows:

The reports will be put in the jobsite 3 ring binder in reverse chronological order. Additional copies of the reports will be distributed by: \_\_\_\_\_ to the individual firms: \_\_\_\_\_

Submitted on a \_\_\_\_\_ basis.

4. Control of this process will be exercised by:

Name: \_\_\_\_\_ Qualifications: \_\_\_\_\_

Position within the organization: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name