



Jasper County Building Department

358 Third Avenue, Post Office Box 1659
Ridgeland, South Carolina 29936
Phone (843) 717-3650 Fax (843) 726-7707

STATEMENT OF SPECIAL INSPECTIONS

DESIGN PROFESSIONAL'S STATEMENT OF RESPONSIBILITY

Project: _____ Application No. _____

Type of Construction _____ Risk Category: _____

Project location: _____

Professional in Responsible Charge: _____

Firm (optional): _____

SC License Number: _____ Phone: _____ Email: _____

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 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. Discovered discrepancies shall be brought to the immediate attention of the Contractor for correction. If such discrepancies are not corrected, the discrepancies shall be brought to the attention of the Design Professional in Responsible Charge and the Building Official. The Special Inspection program does not relieve the Contractor of his or her responsibilities.

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

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

Prepared by:

Type or print name

Signature

Date

Accepted by:

Type or print name

Signature

Date

Individual Seal

Firm Seal

CONTRACTOR'S STATEMENT OF RESPONSIBILITY

FOR WORK REQUIRING SPECIAL INSPECTIONS, STRUCTURAL OBSERVATIONS AND CONSTRUCTION MATERIAL TESTING IN ACCORDANCE WITH CHAPTER 17 OF THE SOUTH CAROLINA BUILDING CODE.

Project Address: _____

☐ Please check if you are the owner of this project and also acting as the contractor/builder (owner-builder)

Contractor's Company Name: _____

State of South Carolina Contractor's License Number: _____ **Expiration Date:** _____

Name (Type or Print): _____
(First) (M.I.) (Last)

Title/ Position in the Contractor's/Builder's Organization: _____

Mailing Address: _____

Email: _____ **Phone:** _____

1. I acknowledge and am aware of special inspection requirements in the statement of special inspections
2. I acknowledge that I, as the contractor, will be responsible for scheduling special inspections and conformance and procedures with the construction documents approved by the building official
3. I acknowledge that I will keep all records and documents pertaining to special inspections and that I am responsible to providing those to the Building Official or Department Personnel

Signature: _____

Date: _____

OWNER'S ACKNOWLEDGEMENT OF SPECIAL INSPECTIONS

Project Name: _____

Project Address: _____

Owner's Name/Company: _____

Owner's Address: _____

Owner's Phone: _____ Owner's Email: _____

By signing this acknowledgement, I understand that the SC Registered Design professional in charge and all SC registered special inspectors are hired by myself being listed as the owner of the above referenced project at the above reference address and/or my authorized agent as approved by the building official pursuant to the International Building Code Section 1704 and the South Carolina Building Codes Council.

Signature

Date

Print Name

CHECKLIST OF REQUIRED SPECIAL INSPECTION REPORTS & INDIVIDUALS PERFORMING INSPECTIONS

Project: _____ Application No.: _____

Project location: _____

LIST OF ALL SPECIAL INSPECTORS

Name	License #	Phone #	Email Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* Provide additional sheet for more Inspectors if needed

* Provide copies of all Inspectors Certifications

Required	N/A		Periodic	Continuous
<input type="checkbox"/>	<input type="checkbox"/>	Concrete SCBC Table 1705.3	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Exterior Insulation and Finish Systems (EIFS) SCBC Section 1705.16	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Fabricator ISO 9000 Lead Quality Assurance Auditor. SCBC 1704.2.5	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Metal Building Fabrication	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Precast Concrete Fabrication	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Prefabricated Trusses	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Steel Bar Joist Fabrication	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Structural Steel Fabrication	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Masonry SCBC 1705.4	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Mastic and Intumescent fire-resistant coatings SCBC Section 1705.15	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Site Welding SCBC Table 1705.2.2	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Soils SCBC Sections 1705.6 through 1705.9 Fill Placement SCBC 1804.5	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Driven Deep Foundations SCBC 1705.7	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Cast In Place Deep Foundations SCBC Section 1705.8	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Helical Pile Foundations SCBC Section 1705.9	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Special Cases SCBC Section 1705.1.1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Special Inspection for Smoke Control SCBC Section 1705.18.1 through 1705.18.2	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Special Inspections for Seismic Resistance SCBC Section 1705.12	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Structural Steel SCBC Section 1705.12.1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Structural Wood SCBC Section 1705.12.2	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Cold Formed Steel Light Framing SCBC Section 1705.12.3	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Storage Racks SCBC Section 1705.12.7	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Architectural Components and Access Floors SCBC Section 1705.12.5 and 1705.12.5.1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Mechanical and Electrical Components SCBC Section 1705.12.6	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Designated Seismic System Verification SCBC Section 1705.12.4	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Sprayed Fire Resistance Materials SCBC Section 1705.14 through 1705.14.6	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Steel Frame SCBC Table 1705.2.1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Structural Observations SCBC Section 1704.6 (Risk Category III & IV or over 75')	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Testing and Qualification for Seismic Resistance SCBC Section 1705.13	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Structural Steel SCBC Sections 1705.13.1 as required by 1705.13	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Seismic Certification of Nonstructural Components SCBC Section 1705.13.2 as required by 1705.13	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Seismic Isolation Systems SCBC Section 1705.13.4 as required by 1705.13	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Wood Construction SCBC 1705.5	<input type="checkbox"/>	<input type="checkbox"/>

Prepared by: _____ SC License No. _____

Approved by: _____ Date _____

FINAL REPORT OF SPECIAL INSPECTIONS

Project: _____ Application No.: _____

Project location: _____

Project Owner: _____

Address: _____

SC Registered Design
Professional in Responsible Charge _____

Firm (optional) _____

License No.: SC _____ Phone: _____ Fax: _____

Address _____

Closeout documents will require all special inspections to be provided digitally or in paper form to the Building Department for Closeout and Certificate of Occupancy.

To the best of my information, knowledge, and belief, the Special Inspections and/or Testing requirements for this project, and designated for this Agent in the Checklist of Required Inspection Reports, Checklist of Quality Assurance Plan and the Checklist of Required Testing submitted for permit, have been completed in accordance with the contract documents.

Interim reports submitted prior to this Final Report of Inspections form a basis for, and are to be considered an integral part of this Final Report. All discrepancies that were outstanding in all of the Interim reports have been corrected.

Prepared by:

Type or print name

Firm (optional)

Signature Date

Individuals Seal

Firm Seal