

Date: _____ Permit #: _____



Special Structural Testing and Inspection Program Summary Schedule

This form is typically filled out for new commercial construction. If not otherwise specified, assumed program will be Guidelines for Special Inspection and Testing, as stated in the state building code and modified by the state adopted IBC. *Complete and sign prior to starting construction.*

SITE ADDRESS: _____

Project Name: _____

Summary Schedule

Technical Scope		Description per IBC Chapter 17	Type of Inspector Special Inspector – Technical (SIT) Structural (SIS)	Specific Report Frequency Weekly, monthly, per test/inspection/floor, etc.	Assigned Firm contracted to perform services
Section	Article				

A complete specification-ready program can be downloaded at www.cecm.org.

Signatures

If requested by engineer/architect of record or building official, the individual names of all prospective special inspectors and the work they intend to observe shall be attached.

Owner: _____ Firm: _____ Date: _____

Contractor: _____ Firm: _____ Date: _____

Architect: _____ Firm: _____ Date: _____

Structural Engineer of Record: _____ Firm: _____ Date: _____

Special Inspector – Structural: _____ Firm: _____ Date: _____

Special Inspector – Technical: _____ Firm: _____ Date: _____

Testing Agency: _____ Firm: _____ Date: _____

Fabricator: _____ Firm: _____ Date: _____

CITY OF SHAKOPEE USE - ACCEPTED BY: _____

Building Department

Date