



# REGISTERED DEPUTY BUILDING INSPECTOR'S CERTIFICATE OF COMPLIANCE

Address of Building \_\_\_\_\_

Off-Site Fabricator \_\_\_\_\_

Permit Number \_\_\_\_\_ Year \_\_\_\_\_

DATE OF THIS CERTIFICATE

TO THE SUPERINTENDENT OF BUILDING: CITY INSPECTOR: \_\_\_\_\_

I hereby certify that the following portions of the work at the above address which required continuous inspection, and which I was employed to inspect, were inspected by me and comply with the provisions of the Building Code applicable thereto:

Type of inspection:

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> Masonry      | <input type="checkbox"/> ReBar Placement    | <input type="checkbox"/> Concrete or Mixer |
| <input type="checkbox"/> Welding      | <input type="checkbox"/> Concrete Placement | <input type="checkbox"/> Gunite            |
| <input type="checkbox"/> Hi-Ten Bolts | <input type="checkbox"/> Tendon Placement   | <input type="checkbox"/> Methane Barrier   |
| <input type="checkbox"/> Other        |   |  |

Description and location of work completed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Size of Structure

Time Arrived

No. of Stories

Time Left Job

Conc. Mix Design No.

Psi

Swimming Pool

I had sufficient time to inspect all materials used and placed.

I was not employed by the contractor, subcontractor or material vendor.

Registration No.

Employed By:

Lab.

Signature - Registered Deputy Building Inspector

Independent

Print Full Name

**DO NOT AMEND, ALTER, CHANGE, DELETE, OR APPEND ANY PRINTED PORTION OF THIS CERTIFICATE AS IT WILL RENDER IT NULL AND VOID.**