

7. Final Report of Special Inspections

Project: _____ Permit Number: _____

Project Location: _____

Owner/Address: _____ City _____ Zip _____

Design Professional In Charge: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Fax: _____ E-mail: _____

To the best of my information, knowledge, and belief, the special inspections and/or testing required for this project, and designated for the Agent in the *Schedule of Inspections and Testing Agencies* submitted for this permit, have been completed in accordance with the contract documents.

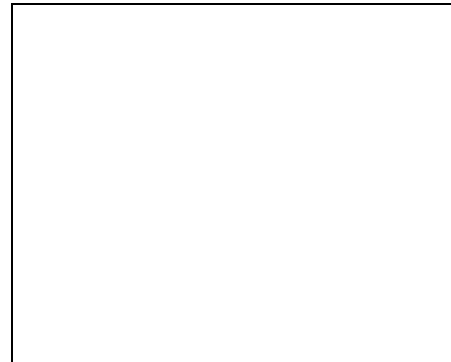
Interim reports submitted prior to this Final Report of Special Inspections form a basis for, and are to be considered an integral part of this final report. Any discrepancies that were noted in all interim reports have been corrected.

Prepared by:

Type or Print Name

Signature

Date



Preparer's Seal and Signature Required