



REGISTERED SPECIAL / DEPUTY INSPECTION DAILY REPORT

Big City Inspection Services

www.bigcityinspection.com
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Tel: (562) 999-2949 dispatch@bigcityinspection.com

Project Name _____ Date _____
Project Address _____
Type of Structure _____ Permit Number _____
Engineer _____ Phone No. _____
Architect _____
Contractor _____ Phone No. _____
Sub-Contractor _____

Tests Performed

Table with 3 columns: Type of Sample, Quality, Additional Remarks

- Concrete Construction, Drilled-In Anchors, Masonry, Shotcrete, Prestressed, Wood, Steel Construction, Fireproofing, Soils, NDT, Other

Plan Sections Reviewed: _____ Building Department: _____

I hereby certify that I have inspected to the best of my knowledge all of the work stated above. I have found this work to comply with the approved plans, specifications, and applicable sections of the governing building laws unless otherwise noted.

Deputy Inspector (Print) _____ License: _____ Type: _____

Deputy Inspector (Sign) _____ Date: _____

Terms: All reports will be held until amount is paid in full. Services billed at 4 and 8 hour minimums, with a 2 hour charge for cancellations. Should Big City Inspections be required to institute legal action for the collection of a debt incurred as the result of the acceptance of this ticket, Big City Inspection will be entitled to attorney fee and cost incurred in said suit.

Time Start _____ Time Stop _____ Total Hours _____ Inspections are based on a 4 hour minimum and over 4 hours is 8 hours.

Approved By: (Print & Sign) _____