



**REGISTERED DEPUTY INSPECTOR'S
CERTIFICATE OF COMPLIANCE**

Address _____ Date of Certificate _____

Fabricator _____

Permit _____

TO THE SUPERINTENDENT OF BUILDING: CITY INSPECTOR: _____

I hereby certify that the following portion of the work at the above job address which required continuous inspection, and which I was employed to inspect, was inspected and approved by me and complies with provisions of the Building Codes applicable thereto:

Type of inspection :

- | | | |
|--|---|---|
| <input type="checkbox"/> Steel Construction | <input type="checkbox"/> Sprayed Fire-Resistant Materials | <input type="checkbox"/> Prestressed Concrete |
| <input type="checkbox"/> Concrete Construction | <input type="checkbox"/> Smoke Control | <input type="checkbox"/> Drilled-in Anchor |
| <input type="checkbox"/> Masonry Construction | <input type="checkbox"/> Methane | <input type="checkbox"/> Gunitite / Shotcrete |
| <input type="checkbox"/> Wood Construction | <input type="checkbox"/> Seismic Resistance | <input type="checkbox"/> Exterior Insulation & Finish |
| <input type="checkbox"/> Soils | <input type="checkbox"/> Wind Resistance | <input type="checkbox"/> System |
| | | <input type="checkbox"/> Other _____ |

Location and Description of work completed: _____

Size of Structure _____

Time Arrived _____

No. Of Stories _____

Time Left Job _____

Conc. Mix Design No. _____

PSI _____

Registration Number _____

Employed by: _____

Lab: _____

Independent

Signature: _____

Registered Deputy Building Inspector

Print Full Name: _____

E-Mail Address: _____

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