



STRUCTURAL SPECIAL INSPECTION AND OBSERVATION PROGRAM

DEVELOPMENT SERVICES

10 South Oakdale, Room 100
Medford OR 97501
Phone: 541-774-6927
Fax: 541-774-6948

BUILDING ADDRESS _____ PERMIT # _____

DESCRIPTION OF WORK _____ DATE _____

The architect or engineer of record shall prepare and submit a special inspection and structural observation program in accordance with IBC Section 106.1 and 1704. The architect or engineer of record shall confirm that the special inspection and structural observations noted below are INDICATED ON THE PLANS. Major projects may require that a more complete program be prepared.

The architect or engineer of record shall complete Parts B and C (if applicable) of this form and then return it to the JACKSON COUNTY BUILDING DIVISION for approval prior to issuance of a building permit. Part D must be signed by the owner or owner's agent.

Please note that a separate soils special inspection form may also be required. Project Name: _____

Architect of Record (Firm) _____ Phone #: _____

Engineer of Record (Firm) _____ Phone #: _____

The following special inspections and structural observations shall be performed according to the State of Oregon Structural Specialty Code, unless a program of inspections is submitted by the Engineer of Record and approved by the Jackson County Building Division.

- A. [] Anchors - Adhesive [] Reinforced Concrete [] Structural Steel [] Fireproofing
[] Anchors - Cast-in-place [] Prestressed Concrete [] Str. Silicone Glazing [] Welding
[] Anchors - Expansion [] Shotcrete [] Masonry f'm [] High-Strength Bolts
Other _____ [] Precast Concrete

B. Indicate the special inspector or approved testing agency to perform the special inspections noted in Part A above, and whether inspections are to be continuous or periodic.

C. [] Structural Observation by Engineer of Record. Indicate any other stages at which structural observation is to occur.

D. The owner hereby agrees to employ the special inspector, approved testing agency and/or engineer for the above noted special inspections and/or structural observation.

E. _____
Signature of Owner or the Architect or Engineer Acting as the Owners Agent

Print Name _____ Phone Number _____

Firm _____ Date _____

_____ Date Received _____
Signature of Plans Examiner

Please contact the above signed Plans Examiner if you have any question