



# CITY OF BURBANK

**BUILDING & SAFETY DIVISION / COMMUNITY DEVELOPMENT DEPARTMENT**

150 N. THIRD ST., BURBANK, CA 91502

T 818-238-5220, F 818-238-5242, Web: www.burbankca.gov

## INSPECTION & OBSERVATION PROGRAM AND DESIGNATION OF STRUCTURAL OBSERVER & SPECIAL INSPECTORS

PROJECT ADDRESS: \_\_\_\_\_ PERMIT APPL. NO.: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Owner: \_\_\_\_\_ Architect: \_\_\_\_\_ Engineer: \_\_\_\_\_

STRUCTURAL OBSERVATION [only checked items are required]			
Firm or Individual to be responsible for the Structural Observation:			
Name: _____		Phone:     /     -     _____	Calif. Registration: _____
FOUNDATION	WALL	FRAME	DIAPHRAGM
<input type="checkbox"/> Footing, Stem Walls, Piers	<input type="checkbox"/> Concrete	<input type="checkbox"/> Steel Moment Frame	<input type="checkbox"/> Concrete
<input type="checkbox"/> Mat Foundation	<input type="checkbox"/> Masonry	<input type="checkbox"/> Steel Braced Frame	<input type="checkbox"/> Steel Deck
<input type="checkbox"/> Caisson, Piles, Grade Beams	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete Moment Frame	<input type="checkbox"/> Wood
<input type="checkbox"/> Stepp'g/Retain'g Foundation, Hillside Special Anchors	<input type="checkbox"/> Others: _____	<input type="checkbox"/> Masonry Wall Frame	<input type="checkbox"/> Others: _____
<input type="checkbox"/> Others: _____		<input type="checkbox"/> Others: _____	

### DECLARATION BY OWNER

I, the Owner of the project, declare that the above listed firm or individual is hired **by me** to be the Structural Observer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### DECLARATION BY ENGINEER OR ARCHITECT OF RECORD (required if different from the listed Structural Observer)

I, the Engineer or Architect of record for the project, declare that the above listed firm or individual is designated by me to be responsible for the Structural Observation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## INSPECTION & OBSERVATION PROGRAM AND DESIGNATION OF STRUCTURAL OBSERVER & SPECIAL INSPECTORS

SPECIAL INSPECTIONS (only checked items are required)	
Firm or Individual to be responsible for all Special Inspections:	
Name:	Phone:     /     -     City Registration:
If different Firms or Individuals are responsible for different items, list names, phones and registrations below:	
ITEMS	SPECIAL INSPECTORS
<input type="checkbox"/> Concrete	
<input type="checkbox"/> Bolts installed in Concrete	
<input type="checkbox"/> Special Moment-Resisting Concrete Frame	
<input type="checkbox"/> Reinforcing Steel and Prestressing Steel Tendons	
<input type="checkbox"/> Structural Welding	
<input type="checkbox"/> High-strength Bolting	
<input type="checkbox"/> Structural Masonry	
<input type="checkbox"/> Reinforced Gypsum Concrete	
<input type="checkbox"/> Insulating Concrete Fill	
<input type="checkbox"/> Spray-applied Fire-resistive Materials	
<input type="checkbox"/> Piling, Drilled Piers and Caissons	
<input type="checkbox"/> Shotcrete	
<input type="checkbox"/> Special Grading, Excavation and Filling	
<input type="checkbox"/> Smoke-control System	
<input type="checkbox"/> Others:	

### DECLARATION BY OWNER OR ARCHITECT/ENGINEER OF RECORD

I, the  Owner  Engineer or Architect of record, declare that the above listed Special Inspector(s) is/are hired **by me**.

Signature

Date