



TOWN OF HIGHLAND BEACH

FORM FOR "SPECIAL BUILDING INSPECTOR" FOR THRESHOLD BUILDINGS ONLY

NOTICE TO PROPERTY OWNER:

You are hereby directed in accordance with Section 110.8 of the Florida Building Code (FBC) as amended by the Town of Highland Beach to retain a Florida Licensed Special Inspector (threshold) to perform the following inspections, as outlined in Section 110.3 of the FBC and submit progress reports, inspections reports, and a Certificate of Compliance to the Building Official as per Section 110.8 of the FBC. All special inspectors and duly authorized representatives must be in compliance with 61G15-35.003 and .004

DATE: _____ BUILDING PERMIT # _____
PROJECT NAME: _____
JOB ADDRESS _____ ZIP _____
LEGAL DESCRIPTION: _____ PCN # _____

A. INSPECTIONS TYPE

- 1) Precast Concrete Units _____ Yes: __ No: __
- 2) Reinforced Unit Masonry (per ACI 530-13 Level B Quality Assurance) *
*unless noted otherwise on plans _____ Yes: __ No: __
- 3) Connections (welded, bolted, embedded) _____ Yes: __ No: __
- 4) Metal System Buildings _____ Yes: __ No: __
- 5) Smoke Control Systems _____ Yes: __ No: __
- 6) Building Structures or part thereof of Unusual height, design, or method of construction and
- 7) Critical structural connections _____ Yes: __ No: __
- 8) Windows, glass doors, and curtain walls on buildings over three (3) stories _____ Yes: __ No: __
- 9) Piles, Cast, Auger or Driven _____ Yes: __ No: __
- 10) Other _____ Yes: __ No: __

B. MANDATORY DOCUMENTATION

- 1) Inspection schedule stating the specific inspection that will be made and at what phase of construction must be submitted with this application
- 2) Progress Reports/Inspection Reports during construction **must be submitted weekly** to the Building Official
- 3) Certificate of Compliance must be submitted prior to the scheduling of the final building inspection per FBC 110.8.4.1 (as amended)

ACKNOWLEDGEMENT

Owner's Signature _____ Permit Holder's Signature _____
Printed Name: _____ Printed Name: _____
License # _____

Name of Duly Authorized Representative(s) of special inspector and qualification(s) below:

Name: _____ Qualified Under 61G15-35.004(2) **Circle all that apply:** (a) (b) (c) (d) (e) (f)
Name: _____ Qualified Under 61G15-35.004(2) **Circle all that apply:** (a) (b) (c) (d) (e) (f)
Name: _____ Qualified Under 61G15-35.004(2) **Circle all that apply:** (a) (b) (c) (d) (e) (f)

SPECIAL BUILDING INSPECTOR:

____ Registered Architect and/or ____ Licensed Engineer Signature of Special Inspector, Embossed Seal AND Date

Printed Name of Special Building Inspector _____
Address of Special Building Inspector _____

State of Florida Registration # _____ Email: _____ Telephone # _____

Date _____

Building Official (or designated representative)

BE ADVISED THIS DOES NOT PRECLUDE YOU FROM OTHER MANDATORY INSPECTIONS IN THE CODE