

Attachment 7

(Recommended for Format Purposes only)

SPECIAL INSPECTION WEEKLY REPORT

Permit Application No. _____ Date _____

Project Name/Address: _____

Inspection Type(s)/Coverage: _____

Continuous Periodic; frequency:

Total inspection time each day:

| | | | | | | | |
|------------------|--|--|--|--|--|--|--|
| Date | | | | | | | |
| Hours | | | | | | | |
| Inspector | | | | | | | |

Inspections made, including locations:

Tests performed:

Items requiring 1) Correction, 2) Correction of previously listed items, and 3) Previously listed uncorrected items:

Changes to approved plans authorized by engineer or architect of record:

Comments:

To the best of my knowledge, work inspected was in accordance with the building department approved plans, specifications, and applicable workmanship provisions of the SFBC except as noted above.

**cc: Building Department
Engineer/Architect**