



POST AT JOB SITE WITH PERMIT
(General Requirements and Instructions on the backside of form)

TO BE COMPLETED BY REGISTERED DESIGN PROFESSIONAL IN RESPONSIBLE CHARGE		
Project Name: West Valley OB-GYN	Project Address: 4338 W. Thomas Rd Phoenix, AZ	Permit No. Plan Log No.
Project Owner/Owner's Agent Name:	Mailing Address:	Phone No.
Registered Design Professional of Record Name: Brian Udall, P.E.	Mailing Address: 18161 W. Las Cruces Dr Goodyear, AZ 85338	Phone No. 480-383-3351
Firm Name: Udall Engineering, LLC	Email Address: Udalleng@yahoo.com	Fax No. N/A



I hereby affirm that I am familiar with the design of this project and have been designated by the Owner/owner(s) Agent as the registered design professional in responsible charge for implementing the Structural Special Inspections Program required by the City of Phoenix Building Construction Code Sections 110.3.10 and 1704. I have determined that the types of work checked below require Structural Special Inspection. I understand and agree to inform the project owner, the contractor(s), and the special inspector(s) about all the Structural Special Inspection Program requirements and limitations, including that the Special Inspector(s) must be independent third-party individual(s) or Registered Design Professional(s) and shall not be the installing contractor(s).

(Seal, Sign, and Date)

YES	NO	TYPES OF WORK REQUIRING SPECIAL STRUCTURAL INSPECTION (Attach Supplement if Necessary)	QUALIFIED SPECIAL INSPECTOR NAME AND ID NUMBER
		Inspection of Fabricators	
		Steel Construction	
		Concrete Construction	
		Masonry Construction	
		Wood Construction	
		Post-Installed Anchors	
x		Epoxy Rebar	Brian Udall, P.E.

All special inspection reports were reviewed and found to be in conformance with the approved construction documents.

Registered Design Professional

In responsible charge _____
Signature Date