

SPECIAL INSPECTON DAILY REPORT

County of Orangeburg Permit No: _____ Date: _____

Project Name/Address: _____

() Continuous () Periodic;frequency: _____

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 registered design professional in responsible charge: _____

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 IBC except as noted above.

Signed: _____

Inspection Agency: _____

Print full name: _____

ID Number _____

SPECIAL INSPECTION WEEKLY REPORT

County of Orangeburg Permit No: _____ Date: _____
Project Name/Address: _____
Inspection Type(s) Coverage: _____

() Continuous () Periodic; frequency: _____

Total Inspection time each day:

DATES							
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 registered design professional in responsible charge: _____

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 IBC except as noted above.

Signed: _____ Inspection Agency: _____
Print Full name _____ ID Number _____

cc: Building Department
Engineer/Architect

