



CITY OF MISSION VIEJO
Building and Safety Division
 200 Civic Center
 Mission Viejo, CA 92691
 Phone: (949) 470-3054
 Fax: (949) 951-6172
 Fee: None

After completed please email the form to the Building Division:
building-inspectors@cityofmissionviejo.org

APPLICATION FOR SPECIAL INSPECTOR

Inspector Name: _____ Date: _____
 Street Address: _____
 City / State / Zip: _____
 Phone: _____ Email: _____
 Job Address: _____ Permit# _____
 Type of Inspection: _____

TYPE OF CERTIFICATE REQUIRED: (Please check all that apply)

Required: Attach a copy of identification and certification for each category you will be registering for.

Concrete	<input type="checkbox"/>	Prestressed Concrete	<input type="checkbox"/>
Epoxy Anchor Bolts	<input type="checkbox"/>	Structural Steel/Welding	<input type="checkbox"/>
Gunite	<input type="checkbox"/>	Fireproofing	<input type="checkbox"/>
Shot Crete	<input type="checkbox"/>	Masonry	<input type="checkbox"/>

Qualifications:

Type of Certificate:	Certificate No.:	Expiration Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPROVED

DENIED

By: _____
 Inspection Supervisor

Reason for Denial: _____

