



CITY OF MISSION VIEJO
Building and Safety Division
 200 Civic Center
 Mission Viejo, CA 92691
 Phone: (949) 470-3054
 Fax: (949) 951-6172

APPLICATION FOR SPECIAL INSPECTOR

Inspector Name: _____

Street Address: _____

City / State / Zip: _____

Phone: _____ Date: _____

Job Address: _____ Permit# _____

Type of Inspection: _____

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

- | | | | |
|--------------------|--------------------------|--------------------------|--------------------------|
| 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"/> | Asphalt | <input type="checkbox"/> |

Qualifications:

Type of Certificate:	Certificate No.:	Expiration Date:
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APPROVED DENIED

By: _____
 Inspection Supervisor

Reason for Denial: _____

