



LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
BUILDING AND SAFETY DIVISION

SPECIAL INSPECTOR REPORT

Each inspector must complete this report and mail it to the *District Office* where the permit was issued.

DAILY WEEKLY FINAL

TOTAL TIME ON JOB (IN DAYS) _____ BUILDING PERMIT NO. _____ DISTRICT NO. _____

JOB ADDRESS _____

GENERAL CONTRACTOR _____

SIZE OF BUILDING _____ NO. OF STORIES _____ TYPE OF WALL _____

TYPE OF WORK: REINFORCED CONCRETE MASONRY HI-TENSILE BOLTING
 PRESTRESSED CONCRETE WELDING GYPSUM CONCRETE

 OTHER _____

DESCRIPTION OF WORK INSPECTED _____

LOCATION IN STRUCTURE _____

REMARKS _____

All work on this job to date has been satisfactorily completed to the approved plans and requirements of the Los Angeles County Building Code.

Special Inspector _____ I. D. Number _____

_____ Date _____

Print Name _____

_____ Daytime / Cell Phone Number _____