



DEPARTMENT OF LAND USE  
87 READS WAY, NEW CASTLE, DE 19720  
PHONE: 302-395-5400 • WWW.NCCDELU.ORG

REV. 01/01/2019

All New Castle County forms are available via the County website or Land Use customer service.

Project: \_\_\_\_\_

Location: \_\_\_\_\_

Tax Parcel No.: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Owner: \_\_\_\_\_

Design Professional in Responsible Charge: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

This *Statement of Special Inspections* is submitted as a condition for permit issuance in accordance with the Special Inspection and Structural Testing requirements of the 2018 International Building Code. It includes a schedule of Special Inspection services applicable to this project as well as the name of the Special Inspection Coordinator and the identity of other approved agencies to be retained for conducting these inspections and tests. This *Statement of Special Inspections* encompasses the following disciplines:

- No materials or work will be undertaken that requires special inspections.
- Structural  Mechanical/Electrical/Plumbing
- Architectural  Other: \_\_\_\_\_

The Special Inspection Coordinator shall keep records of all inspections and shall furnish inspection reports to the Code Official and the Registered Design Professional in Responsible Charge. Discovered discrepancies shall be brought to the immediate attention of the Contractor for correction. If such discrepancies are not corrected, the discrepancies shall be brought to the attention of the Code Official and the Registered Design Professional in Responsible Charge. The Special Inspection program does not relieve the Contractor of his or her responsibilities.

Interim reports shall be submitted to the Code Official and the Registered Design Professional in Responsible Charge.

Job site safety and means and methods of construction are solely the responsibility of the Contractor.

Interim Report Frequency: \_\_\_\_\_ or  per attached schedule.

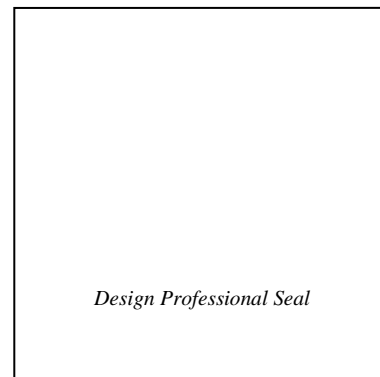
Prepared by: \_\_\_\_\_

\_\_\_\_\_  
(type and print name)

\_\_\_\_\_  
Signature Date

Owner's Authorization:

\_\_\_\_\_  
Signature Date



*Design Professional Seal*



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Permit Number: \_\_\_\_\_

This Schedule of Special Inspections / Quality Assurance Plan include the following building systems and should accompany the Statement Special Inspections Form:

- |   |   |
|---|---|
| <input type="checkbox"/> Soil                             | <input type="checkbox"/> Special Cases                                  |
| <input type="checkbox"/> Driven Deep Foundations          | <input type="checkbox"/> Wind-Resisting Components                      |
| <input type="checkbox"/> Cast-in-place Deep Foundations   | <input type="checkbox"/> Testing for Seismic Resistance                 |
| <input type="checkbox"/> Helical Pile Foundations         | <input type="checkbox"/> Mastic and Intumescent Fire-Resistant Coatings |
| <input type="checkbox"/> Concrete Construction            | <input type="checkbox"/> Fire-Resistant Penetrations and Joints         |
| <input type="checkbox"/> Masonry Construction             | <input type="checkbox"/> Smoke Control                                  |
| <input type="checkbox"/> Wood Construction                | <input type="checkbox"/> Exterior Insulation and Finish System          |
| <input type="checkbox"/> Steel Construction               |   |
| <input type="checkbox"/> Fabricated Items                 |   |
| <input type="checkbox"/> Sprayed Fire-Resistant Materials |   |

Special Inspection Agencies	Firm Address, Telephone, E-Mail	Responsibility
1. Special Inspection Coordinator		
2. Inspector		
3. Inspector		
4. Testing Agency		
5. Testing Agency		
6. Other		