



**REGISTERED DEPUTY INSPECTOR'S  
CERTIFICATE OF COMPLIANCE**

Address \_\_\_\_\_ Date of Certificate \_\_\_\_\_

Fabricator \_\_\_\_\_

Permit \_\_\_\_\_

TO THE SUPERINTENDENT OF BUILDING: CITY INSPECTOR: \_\_\_\_\_

I hereby certify that the following portion of the work at the above job address which required continuous and/or periodic inspection, and which I was employed to inspect, was inspected and approved by me and complies with provisions of the building Codes applicable thereto:

Type of inspection:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Steel Construction    | <input type="checkbox"/> Sprayed Fire-Resistant Materials    | <input type="checkbox"/> Prestressed Concrete |
| <input type="checkbox"/> Concrete Construction | <input type="checkbox"/> Smoke Control                       | <input type="checkbox"/> Drilled-in Anchor    |
| <input type="checkbox"/> Masonry Construction  | <input type="checkbox"/> Methane                             | <input type="checkbox"/> Gunitite / Shotcrete |
| <input type="checkbox"/> Wood Construction     | <input type="checkbox"/> Exterior Insulation & Finish System | <input type="checkbox"/> Seismic Resistance   |
| <input type="checkbox"/> Soils                 | <input type="checkbox"/> Wind Resistance                     | <input type="checkbox"/> Other: _____.        |

Location and Description of work completed \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Size of Structure \_\_\_\_\_

Time Arrived \_\_\_\_\_

No. of Stories \_\_\_\_\_

Time Left Job \_\_\_\_\_

Conc. Mix Design No. \_\_\_\_\_

P.S.I. \_\_\_\_\_

Registration Number \_\_\_\_\_

Employed by: \_\_\_\_\_

Lab: \_\_\_\_\_

Independent

Signature: \_\_\_\_\_

Registered Deputy Building Inspector:

Print Full Name: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**DO NOT AMEND, ALTER, CHANGE, DELETE OR APPEND ANY PRINTED PORTION OF THIS CERTIFICATE AS IT WILL RENDER IT NULL AND VOID.**