



ROANOKE COUNTY DEVELOPMENT SERVICES
Office of Building Safety

STATEMENT OF SPECIAL INSPECTIONS
FINAL REPORT OF SPECIAL INSPECTIONS



DATE: _____

PROJECT TITLE: _____

PROJECT ADDRESS: _____

BUILDING PERMIT #: _____

ARCHITECT of RECORD: _____

STRUCTURAL ENGINEER of RECORD: _____

SPECIAL INSPECTOR (COORDINATOR): _____

REG. DESIGN PROFESSIONAL in RESPONSIBLE CHARGE: _____

To the best of my information, knowledge and belief, the Special Inspections required for this project, and itemized in the *Statement of Special Inspections* submitted for permit, have been performed and all discovered discrepancies have been reported and resolved other than the following:

Comments:

(Attach continuation sheets if required to complete the description of corrections.)

Interim reports submitted prior to this final report form a basis for and are to be considered an integral part of this final report.

Respectfully submitted,
Registered Design Professional in Responsible
Charge

(Type or print name)

Signature

Date

Licensed Professional Seal



ROANOKE COUNTY DEVELOPMENT SERVICES
Office of Building Safety

STATEMENT OF SPECIAL INSPECTIONS
FINAL REPORT OF SPECIAL INSPECTIONS



Agent's Final Report

Project:

Agent:

Special Inspector:

To the best of my information, knowledge and belief, the Special Inspections or testing required for this project, and designated for this Agent in the *Statement of Special Inspections* submitted for permit, have been performed and all discovered discrepancies have been reported and resolved other than the following:

Comments:

(Attach continuation sheets if required to complete the description of corrections.)

Interim reports submitted prior to this final report form a basis for and are to be considered an integral part of this final report.

Respectfully submitted,
Agent of the Special Inspector/ Special Inspector

(Type or print name)

Signature

Date

Licensed Professional Seal or
Certification