



**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*