



**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.

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability, and upon request, will provide reasonable accommodation to ensure equal access to its programs, services and activities.