



LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS  
BUILDING AND SAFETY DIVISION

**SPECIAL INSPECTOR REPORT**

Each Inspector must complete this report and mail it to the *District Office* where the permit was issued.

**DAILY**                       **WEEKLY**                       **FINAL**

TOTAL TIME ON JOB (IN DAYS) \_\_\_\_\_ BUILDING PERMIT NO. \_\_\_\_\_

DISTRICT NO. \_\_\_\_\_ JOB ADDRESS \_\_\_\_\_

GEN CONTRACTOR \_\_\_\_\_ CITY, ZIP CODE \_\_\_\_\_

SIZE OF BUILDING \_\_\_\_\_ NO. OF STORIES \_\_\_\_\_ TYPE OF WALL \_\_\_\_\_

TYPE OF WORK:     REINFORCED CONCRETE             MASONRY             HI-TENSILE BOLTING  
 PRESTRESSED CONCRETE             WELDING             GYPSUM CONCRETE  
 OTHER: \_\_\_\_\_

DESCRIPTION OF WORK INSPECTED: \_\_\_\_\_

LOCATION IN STRUCTURE: \_\_\_\_\_

REMARKS: \_\_\_\_\_

*All work on this job to date has been satisfactory completed to the approved plans and requirements of the Los Angeles County Building Code.*

\_\_\_\_\_  
Special Inspector (PRINT)    I.D. Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Special Inspector (SIGNATURE)

\_\_\_\_\_  
Daytime/ Cell Phone Number