



The City of Owatonna
 Building
 Inspection Division

540 West Hills Circle
 Owatonna, MN 55060-4794
 Phone: (507) 444-4370
 Fax: (507) 444-4351

Special Structural Testing and Inspection Program Summary Schedule

PRINT IN INK or TYPE your responses.

PROJECT NAME	PROJECT NO.
LOCATION	PERMIT NO.

Technical (2)		Description (3)	Type of Inspector (4)	Specific Report Frequency (5)	Assigned Firm (6)
Section	Article				

Note: **This schedule shall be filled out and included in a Special Structural Testing and Inspection Program.**
 (If not otherwise specified, assumed program will be "Guidelines for Special Inspection & Testing" as contained in the State Building Code and as modified by the state adopted IBC.)

- (1) Permit No. to be provided by the Building Official
- (2) Referenced to the specific technical scope section in the program.
- (3) Use descriptions per IBC Chapter 17, as adopted by Minnesota State Building Code.
- (4) Special Inspector – Technical (SIT); Special Inspector – Structural (SIS)
- (5) Weekly, monthly, per test/inspection, per floor, etc.
- (6) Name of Firm contracted to perform services.

ACKNOWLEDGEMENTS
 (Each appropriate representative shall sign below)

Owner: _____	Firm: _____	Date: _____
Contractor: _____	Firm: _____	Date: _____
Architect: _____	Firm: _____	Date: _____
SER: _____	Firm: _____	Date: _____
SI-T _____	Firm: _____	Date: _____
SI-S: _____	Firm: _____	Date: _____
TA: _____	Firm: _____	Date: _____
F: _____	Firm: _____	Date: _____

If requested by engineer/architect of record or building official, the individual names of all prospective special inspectors and the work they intend to observe shall be identified as an attachment.

Legend: SER = Structural Engineer of Record SI-T = Special Inspector - Technical TA = Testing Agency
 SI-S = Special Inspector - Structural F = Fabricator

Accepted for the Building Department By _____ Date _____