



125 East College Street Covina, CA, 91723
 P) 626-384-5460 F)626-384-5425
 EMAIL: permits@covinaca.gov www.covinaca.gov

SPECIAL INSPECTOR APPLICATION

NAME: _____ DATE: _____
 COMPANY: _____
 PROJECT ADDRESS: _____ PERMIT APPL. NO.: _____
 PHONE: _____ EMAIL: _____

I. CATEGORIES OF REGISTRATION:

<input type="checkbox"/> Structural Steel & Bolting	<input type="checkbox"/> Structural Mason	<input type="checkbox"/> Spray-Applied Fire Proofing
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Pre-stressed Concrete	<input type="checkbox"/> Structural Welding
<input type="checkbox"/> Soils	<input type="checkbox"/> Epoxy	<input type="checkbox"/> Other:

II. RELATED CERTIFICATION IN GOOD STANDING:

III. EDUCATION AND EXPERIENCE:

Please complete the education and experience information you may also provide a separate sheet with identification and certifications.

IV. DECLARATION:

I HEREBY AFFIRM THAT ALL THE INFORMATION I HAVE GIVEN HERIN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND THAT I WILL INFORM THE CITY OF COVINA IN THE EVENT ANY CERTIFICATION LISTED ABOVE IS NO LONGER IN GOOD STANDING. I UNDERSTAND ANY FALSE STATEMENT OR FRAUDULENT MISREPRESENTATION HEREIN IS WILL SUBJECT ME TO DISQUALIFICATION AS A DEPUTY INSPECTOR.

NOTE:

Deputy or Special Inspectors are required to check in/notify the Building Department or City Building Inspector prior to conducting the inspection. Be sure email or call the inspection line prior to and/or the day of the scheduled inspection.

SIGNATURE OF SPECIAL/DEPUTY INSPECTOR

DATE

STAFF USE ONLY

APPROVED
 DENIED

APPLICATION REVIEWED _____ :

(SIGNATURE) (Rev. 08/20/20)