

Experience LIFE in the Park

Special structural testing and inspection program summary schedule

Technical (2)	Project na	me:	Project number: Permit number (1):				
Section	Location:						
Note: This schedule shall be filled out and included in a Special Structural Testing and Inspection Program. (If not otherw specified, assumed program will be "Guidelines for Special Inspection & Testing" as contained building code and a modified by the state adopted IBC.) *A complete specification-ready program can be downloaded directly by visiting CASE/MN at www.cecm.org . (1) Permit number – 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: Pirm: Date: Contractor: Firm: Date: **SFR: Firm: Date: SER: Firm: Date: TA: Firm: Date: Firm: Date: Firm: Date: Firm: Date: Firm: Date: Firm: Date: Firm:							
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