Permit # _____

CITY OF SANTA CLARITA
BUILDING & SAFETY

STRUCTURAL OBSERVATION REPORT FORM

THIS REPORT INCLUDES CONSTRUCTION WORK THROUGH: _____ DATE: _____

PROJECT ADDRESS: _____ REPORT #: _____

OWNER: _____

STRUCTURAL OBSERVER: _____ LICENSE #: _____

OBSERVED STRUCTURAL ELEMENTS & CONNECTIONS	**LOCATION OR PORTION OF BLDG.**

OBSERVED DEFICIENCIES: (ATTACH ADDITIONAL PAGES IF NECESSARY)

_____

_____

_____

_____

☐ YES ☐ NO **STRUCTURAL OBSERVER MUST REVIEW CORRECTED DEFICIENCIES FOR COMPLIANCE PRIOR TO CITY INSPECTION.**

I DECLARE THAT THE FOLLOWING STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF:

1. I AM THE REGISTERED ENGINEER OR LICENSED ARCHITECT WHO HAS RESPONSIBLE CHARGE FOR THE STRUCTURAL OBSERVATION.
2. I, OR ANOTHER REGISTERED ENGINEER OR LICENSED ARCHITECT WHO I HAVE DESIGNATED ABOVE AND IS UNDER MY RESPONSIBLE CHARGE, HAS PERFORMED THE REQUIRED SITE VISITS AT EACH SIGNIFICANT CONSTRUCTION STAGE TO VERIFY IF THE STRUCTURE IS IN GENERAL CONFORMANCE WITH THE APPROVED PLANS AND SPECIFICATIONS.
3. I AM RESPONSIBLE FOR THE SUBMISSION OF THE ORIGINAL OF THIS REPORT TO THE BLDG DEPARTMENT.
4. I HAVE PROVIDED STRUCTURAL OBSERVATION IN ACCORDANCE WITH THE REQUIREMENTS OF THE CITY OF SANTA CLARITA.

SIGNED, _____ DAY OF _____, 20_____

STAMP & WET SIGNATURE OF ARCHITECT OR ENGINEER

STRUCTURAL OBSERVATION DOES NOT WAIVE THE REQUIREMENTS FOR INSPECTIONS BY CITY BUILDING INSPECTORS. ALL WORK MUST COMPLY WITH THE APPROVED PLANS AND APPLICABLE STATE & LOCAL CODES.