



TOWN OF SMYRNA SPECIAL INSPECTION AND TESTING AGREEMENT

When Required:

Where application is made to the building official for construction as specified in Section 105, the owner or the owner's authorized agent, other than the contractor, shall employ one or more approved agencies to provide special inspections and tests during construction on the types of work specified in Section 1705 and identify the approved agencies to the building official. These special inspections and tests are in addition to the inspections by the building official that are identified in Section 110.

Overview:

The program consists of six basic forms, which must be filled out by a licensed TN Design Professional in Responsible Charge and submitted to the building official for approval: The Owners Acknowledgement of Special Inspections, Identification of the Design Professional in Responsible Charge, Earthquake Design Data Form, Checklist of Required Special Inspection Reports, Statement of Special Inspections, and Contractor Statement of Responsibility for Seismic System must be submitted at the time of application for Plan Review. One copy of the approved Final Report of Special Inspections is required to accompany the approved plan submittal documents and be held on record. An additional copy of the approved Final Report of Special Inspections is required to be placed at the jobsite with the field reports upon completion of the project, and made available to the building inspector during or prior to the Final Building Inspection. The Owners Acknowledgement of Special Inspections must also be submitted at the time of application for Plan Review. The Contractor's Statement of Responsibility for Seismic-Force-Resisting Systems must be submitted prior to permitting.

Identification of the Design Professional in Responsible Charge:

This form provides general information about the project and identifies the TN Design Professional in Responsible Charge as required in **IBC Section 107.3.4**. This form submitted as a condition for permit issuance and as a commitment to Special Inspections.

Checklist of Required Inspections Report, & The Statement of Special Inspections:

These forms are to be filled out by the TN Design Professional in Responsible Charge by checking the boxes of the required inspections specific to the project. The names of the individuals or firms providing these inspections will be entered at this time. The qualifications for the inspector will be specific to the inspection performed. The minimum qualifications will be approved by the building official. The forms will be reviewed by the Building Department for completeness.

Field Reports:

These reports are the results of the required inspections and must be performed by the individuals/firms designated by the TN Design Professional in Responsible Charge.

All field reports generated from the inspections must be kept on the jobsite in a binder with the approved drawings and contain the following information:

- The project name and permit number.
- The project address.
- The name, address, phone number of the individual/firm performing the inspection and generating the report.
- The IBC Section or Table number of the inspection. The criteria for each inspection must be performed as outlined in the appropriate code section or table as specified in The Checklist of Special Inspections. Some inspections are periodic, some are continuous and others are performed only once. When tables are referenced, all applicable criteria in the table must be addressed.

Final Report of Special Inspections:

The TN Design Professional in Responsible Charge shall collect final inspection reports from all required special inspections and compile them into the Final Report of Inspections. This report is to certify that all required inspections have been performed and all corrections have been made. The report is then put with the field report in the binder on the jobsite prior to requesting a Final Building Inspection. An updated Checklist of Required Special Inspection Reports & The Statement of Special Inspections including all names and addresses of firms that performed the inspections must also be provided. Interim reports in the jobsite binder prior to requesting the Final Building Inspection.

**Contractor's Statement of Responsibility for Seismic-Force-Resisting System– By Contractor
Owners Acknowledgement of Special Inspections – By Owner of project**

OWNERS ACKNOWLEDGEMENT OF SPECIAL INSPECTIONS:

I hereby acknowledge that I am the owner of the project referenced below and I have contracted with the design professional listed below to act as my agent in contracting and coordinating the required special inspections for this project.

CASE/PERMIT NUMBER: _____

Project Name: _____

Owner's Name: _____

Owner's Address: _____

Owner's telephone contact numbers: _____

TN Registered Design Professional in Responsible Charge: _____

Firm (optional): _____

License Number: TN _____ Phone: _____

Email: _____

Address: _____

Owners Signature:

Date:

Print Name:

IDENTIFICATION OF THE DESIGN PROFESSIONAL IN RESPONSIBLE CHARGE:

Project: _____ Case/Permit Number: _____

Project Location: _____

Project Owner: _____

Address: _____

TN Registered Design Professional in Responsible Charge: _____

Firm (optional): _____

TN License Number: _____ Phone: _____

Address: _____

Architect: _____

Firm (optional): _____

TN License Number: _____ Phone: _____

Address: _____

Structural Engineer: _____

Firm (optional): _____

TN License Number: _____ Phone: _____

Address: _____

RDP Signature:

Date:

Print Name:

Architect Signature:

Date:

Print Name:

Structural Engineer Signature:

Date:

Print Name:

Firm Seal(s):

Individual Seal(s):

Earthquake and Wind Design Data Form

IBC Section 1609 Wind Loads and Section 1613 for Earthquake Loads

Project: _____ Case/PermitNumber: _____

IBC Section 1603.1.5 “The following information related to seismic loads shall be shown, regardless of whether seismic loads govern the design of the lateral-force-resisting system of the building”:

1. Risk Category _____ Seismic Importance Factor (I_e) _____.

IBC 1604.5 (IBC Table 1604.5)

ASCE 7-16, Table 1.5-1.2.

2. Mapped spectral response accelerations S_S _____ and S₁ _____.

USGS website, <http://earthquake.usgs.gov/>, IBC 1613.2.1.3.

3. Site Class: _____.

IBC Section 1613.2.2 - Verify by soil test 1803.2, ASCE 7-16, Table 20.3-1

4. Spectral Response Coefficients S_{DS} _____, S_{D1} _____.

IBC Table 1613.3.3(1) and 1613.3.3(2), (Equations 16-38 and 16-39)

5. Seismic Design Category _____.

IBC Section 1613.2.5.1 and IBC Tables 1613.2.5(1) and 1613.2.5(2) Note: Most severe shall apply.

6. Basic Seismic Force Resisting System _____.

7. Design Base Shear _____ Seismic Response Coefficient(s) C_S _____.

ASCE 7-16 Section 12.8.1.1, (equation) 12.8-2

8. Response Modification Factor(s), R _____.

9. Analysis procedure used _____.

IBC Section 1603.1.4 “The following information related to winds loads shall be shown, regardless of whether wind loads govern the design of the lateral-force-resisting system of the building”:

1. Basic Design Wind Speed Vult _____ and Allowable _____.

IBC Section 1609.3.1 (Equation 16-33)

2. Risk Category _____.

IBC 1604.5 (IBC Table 1604.5)

3. Wind Exposure _____.

IBC Section 1609.4.3

4. Applicable Internal Pressure Coefficient_____.

5. Design wind pressures to be used for exterior components and cladding materials(psf)_____.

Structural Engineer:_____

Firm (optional):_____

TN License Number:_____ Phone:_____

Address:_____

Structural Engineer Signature:

Date:

Print Name:

Firm Seal(s):

Individual Seal(s):

STATEMENT OF SPECIAL INSPECTIONS:

Project: _____ Case/Permit Number: _____
Project Location: _____
Project Owner: _____
Address: _____
TN Registered Design Professional in Responsible Charge: _____
Firm (optional): _____
TN License Number: _____ Phone: _____
Address: _____
Architect: _____
Firm (optional): _____
TN License Number: _____ Phone: _____
Address: _____
Structural Engineer: _____
Firm (optional): _____
TN License Number: _____ Phone: _____
Address: _____

This **Statement of Special Inspections** is submitted as a condition for permit issuance in accordance with the Special Inspection requirements of the International Building Code. It includes a Schedule of Special Inspection Services applicable to this project as well as the name of the Special Inspector(s) and identifies any other approved agencies that are to be retained for conducting these inspections.

The Special Inspector(s) shall keep records of all inspections and shall furnish inspection reports to the Design Professional in Responsible Charge and the Building Official. Documented discrepancies shall be brought to the immediate attention of the Contractor for correction. If discrepancies are not corrected; the discrepancies shall be brought to the attention of the Design Professional in Responsible Charge and the Building Official. **The building official may post a Stop-Work Order when discrepancies remain uncorrected for more than 14 days.** The Special Inspection Program does not relieve the Contractor of his/her responsibilities

A **Final Report of Special Inspections** shall be submitted prior to the issuance of a Certificate of Occupancy. This report shall document the completion of all required Special Inspections and list corrections of any discrepancies noted in the inspection reports.

Job site safety and means and methods of construction are solely the responsibility of the Contractor.

Prepared By:

RDP Signature:

Print Name:

Architect Signature:

Print Name:

Structural Engineer Signature:

Print Name:

Firm Seal(s):

Individual Seal(s):

CHECKLIST OF REQUIRED SPECIAL INSPECTION REPORTS & FIRMS/INDIVIDUALS PERFORMING INSPECTIONS:

Project: _____ Case/Permit Number: _____
Project Location: _____

Fabricator ISO 9000 Lead Quality Assurance Auditor. **IBC 1704.2.5.1**

Firm/Individual Name: _____ TN License No: _____

Metal Building Fabrication **IBC 1704.2.5**

Firm/Individual Name: _____ TN License No: _____

Precast Concrete Fabrication **IBC 1704.2.5**

Firm/Individual Name: _____ TN License No: _____

Prefabricated Trusses **IBC 1704.2.5**

Firm/Individual Name: _____ TN License No: _____

Steel Bar Joist Fabrication **IBC 1705.2.3**

Firm/Individual Name: _____ TN License No: _____

Structural Steel Fabrication **IBC 1705.2.1, 1705.12.1**

Firm/Individual Name: _____ TN License No: _____

Site Welding **IBC 1705.3.1, 2204.1**

Firm/Individual Name: _____ TN License No: _____

Steel Frame **IBC 1705.2**

Firm/Individual Name: _____ TN License No: _____

High Strength Bolts **IBC 1705.2, 2204.2**

Firm/Individual Name: _____ TN License No: _____

Concrete **IBC 1705.3**

Firm/Individual Name: _____

TN License No: _____

Masonry **IBC 1705.4**

Firm/Individual Name: _____

TN License No: _____

Wood Construction **IBC 1705.5 and IBC 2306.3.2**

Firm/Individual Name: _____

TN License No: _____

Soils **IBC Sections 1705.6**

Firm/Individual Name: _____

TN License No: _____

Fill Placement **IBC 1803.5**

Firm/Individual Name: _____

TN License No: _____

Pile Foundations **IBC Section 1705.7**

Firm/Individual Name: _____

TN License No: _____

Pier Foundations **IBC Section 1705.8**

Firm/Individual Name: _____

TN License No: _____

Sprayed Fire Resistance Materials **IBC Sections 1705.14 through 1705.15**

Firm/Individual Name: _____

TN License No: _____

Exterior Insulation and Finish Systems (EIFS) **IBC Section 1705.16**

Firm/Individual Name: _____

TN License No: _____

Special Cases **IBC Section 1705.1.1**

Firm/Individual Name: _____

TN License No: _____

Special Inspection for Smoke Control **IBC Sections 1705.18**

Firm/Individual Name: _____

TN License No: _____

Special Inspections for Seismic Resistance IBC Section 1705

Structural Steel **IBC Section 1705.2.1**

Firm/Individual Name: _____

TN License No: _____

Structural Wood **IBC Section 1705.5, 1705.12.2**

Firm/Individual Name: _____

TN License No: _____

Cold Formed Steel Framing IBC Section **1705.2.2 through 1705.2.4, 1705.12.3**

Firm/Individual Name: _____

TN License No: _____

Storage Racks and Access Floors **IBC Section 1705.12.7**

Firm/Individual Name: _____

TN License No: _____

Architectural Components **IBC Section 1705.12.5**

Firm/Individual Name: _____

TN License No: _____

Mechanical and Electrical Components **IBC Section 1705.12.6**

Firm/Individual Name: _____

TN License No: _____

Structural Observations **IBC Section 1704.6.1**

Firm/Individual Name: _____

TN License No: _____

Contractor Statement of Responsibility for Seismic System

IBC 1704.4 Contractor Responsibility. Each contractor responsible for the construction of a seismic force-resisting system, designated seismic system, wind or seismic resisting component listed in the Statement of Special Inspections.

Project: _____ Case/Permit Number: _____
Project Location: _____
Contractor's Name: _____
Contractor's License Number: _____
Contractor's Address: _____
Contractor's Phone Number: _____

1. I hereby acknowledge that I have read and am aware of the special inspection requirements contained in the Statement of Special Inspections.
2. I hereby acknowledge that control will be exercised to obtain conformance with the construction documents approved by the Building Official.
3. The procedures for exercising control within the contractor's organization are as follows:

The reports will be put in the jobsite 3 ring binder in reverse chronological order. Additional copies of the reports will be distributed by: _____
to the individual firms: _____
Submitted on a _____ basis.

4. Control of this process will be exercised by:

Name: _____ Qualifications: _____
Position within the organization: _____

Signature:

Date:

Print Name: