

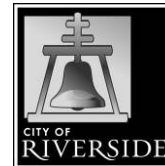
City of Riverside

Building & Safety Division

Phone: (951) 826-5697

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www.riversideca.gov



❖ SPECIAL INSPECTOR'S PROGRESS REPORT ❖

Permit Number: _____

Project Name/Address: _____

Inspections Type(s)/Coverage: _____

Continuous

Periodic

Time Inspections Began: _____

Time Inspection Ended: _____

Describe inspections and/or test made, including locations:

List items requiring correction, include previously listed uncorrected items:

List changes to approved plans authorized by Architect, Engineer and/or City of Riverside:

To the best of my knowledge, work inspected was in accordance with the Building & Safety Division's approved plans, specifications and applicable workmanship provision of the I.B.C. except as noted above.

Signed: _____

Date: _____

Print Name: _____

City I.D. Number: _____

Note: This Report is to remain at the Job Site with the Contractor for review by the City's Building Inspector.