City of Maple Grove
12800 Arbor Lakes Parkway, Maple Grove, MN 55369

Special Inspection and Structural Testing Program Summary Schedule

Project Name _____ Project/Permit No._____ (1)

Project Address _____

Technical (2)		Description (3)	Type of Inspector (4)	Specific Report Frequency (5)	Assigned Firm (6)
Section	Article				

Note: **This schedule shall be filled out and included with the submission of the Special Inspection and Structural Testing Program.** (If not otherwise specified, assumed program will be "Guidelines for Special Inspection & Testing" as contained in the State Building Code and as modified by the state adopted IBC.)

(1) Project/Permit No. provided at the time of application (MGxxxxxx)
(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: _____ Firm: _____ Date: _____
Contractor: _____ Firm: _____ Date: _____
Architect: _____ Firm: _____ Date: _____
SER: _____ Firm: _____ Date: _____
SI-S: _____ Firm: _____ Date: _____
SI-T: _____ Firm: _____ Date: _____
TA: _____ Firm: _____ Date: _____
F: _____ Firm: _____ Date: _____

The individual names of all prospective special inspectors and the work they intend to observe shall be identified as an attachment with their certifications and resumes.

Legend: SER = Structural Engineer of Record SI-T = Special Inspector - Technical TA = Testing Agency
SI-S = Special Inspector - Structural F = Fabricator

Accepted for the Building Department By _____ Date _____