When Required

All projects that require a South Carolina licensed Architect or Engineer per SC Architectural and Engineering registration law and IBC 1704.

Overview

The program consists of four basic forms, which must be filled out by the SC Design Professional in Responsible Charge and submitted to the building department. The Statement of Special Inspections, Checklist of Required Special Inspection Reports, Contractor Statement of Responsibility & Owner’s Acknowledgement of Special Inspections must be submitted at the time of application for Plan Review. Copies of all inspectors license should be submitted in accordance with 2015 IBC Section 1704.2.1. The Final Report of Special Inspections is to be placed at the jobsite with all the interim reports upon completion of the project, and made available to the Building Inspector prior to the Final Building Inspection.

Statement of Special Inspections

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

Checklist of Required Inspection Reports

These forms are to be filled out by the SC 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 preformed. The minimum qualifications will be as listed by the South Carolina Building Code Council Special Inspection Manual document, or as approved by the Building Official. The forms will be reviewed by the Florence County Plan Review Department for completeness.

Interim Reports

These reports are the results of the required inspections and must be preformed by the individuals designated by the SC Design Professional in Responsible Charge.

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

- The project name and Permit Number.
- The project address.
- The name address and 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 preformed as outlined in the appropriate code section or table. Some inspections are periodic, some are continuous, and others are preformed only once. When tables are referenced all criteria in the table must be addressed.

Weekly reports shall be submitted to the building official and the architect/engineer of record until all work is complete.

Final Report of Special Inspections

The SC Design Professional in Responsible Charge shall collect final inspection reports from all inspections requiring more than one inspection then fill out the Final Report of Inspections. This report is certifying that all required inspections have been preformed and all corrections have been made. The report is then put with the interim reports in the binder on the jobsite prior to requesting a Final Building Inspection.
STATEMENT OF SPECIAL INSPECTIONS

Project: _________________________________________________________ Application No.______________

Project location: _____________________________________________________________________________

Project Owner: ____________

Address: ______________________________________________________________________________

SC Registered Design Professional in Responsible Charge: ________________________________

Firm (optional): _______________________________________________________________________

License Number: SC_______________ Phone: ____________________ Fax: _____________________

Address: ______________________________________________________________________________

Project Architect: ___________________________________________________________________________

Firm (optional): _______________________________________________________________________

License Number: SC_______________ Phone: ____________________ Fax: _____________________

Address: ______________________________________________________________________________

Project Structural Engineer: __________________________________________________________________

Firm (optional): _______________________________________________________________________

License Number: SC_______________ Phone: ____________________ Fax: _____________________

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 the identity of other approved agencies that are to be retained for conducting these inspections.

The Special Inspector shall keep records of all inspections and shall furnish inspection reports to the Design Professional in Responsible Charge and the Building Official. Discovered discrepancies shall be brought to the immediate attention of the Contractor for correction. If such discrepancies are not corrected, the discrepancies shall be brought to the attention of the Design Professional in Responsible Charge and the Building Official. The Special Inspection program does not relieve the Contractor of his or her responsibilities.

A Final Report of Special Inspections documenting completion of all required Special Inspections and correction of any discrepancies noted in the inspections shall be submitted prior to issuance of a Certificate of Occupancy.

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

Prepared by:

Type or print name

Signature Date

Accepted by:

Type or print name

Signature Date

Individual Seal

Firm Seal
CONTRACTOR’S STATEMENT OF RESPONSIBILITY

FOR WORK REQUIRING SPECIAL INSPECTIONS, STRUCTURAL OBSERVATIONS AND CONSTRUCTION MATERIAL TESTING IN ACCORDANCE WITH CHAPTER 17 OF THE INTERNATIONAL BUILDING CODE.

Pursuant to Section 1704, Chapter 17 of the 2015 International Building Code, the contractor identified herein is responsible for the construction of main wind or seismic force resisting system, designated seismic system or wind or seismic resisting components listed in the statement of special inspections of this project and; is hereby submitting this statement of responsibility to the building official of the jurisdiction having authority over this permit and to the owner of this project.

Permit No: ________________________________

Project Address: ________________________________________________________________________________

☐ Please check if you are the owner of this project and also acting as the contractor/builder (owner-builder)

Contractor’s Company Name: _____________________________________________________________________

State of South Carolina Contractor’s License Number: _____________  Expiration Date: _________________

Name (Type or Print): _____________________________ (First) _____________________________ (M.I.) _____________________________ (Last)

Title/ Position in the Contractor’s/Builder’s Organization: ______________________________________________

Mailing Address: ________________________________________________________________________________

Email: __________________________________________________  Phone: _______________________________

1. I acknowledge and am aware of special requirements contained in the statement of special inspections
2. I acknowledge that control will be exercised to obtain conformance with the construction documents approved by the building official
3. I will have in place procedures for exercising control within our (the contractor’s/builder’s) organization for the method and frequency of reporting and the distribution of the reports
4. I certify that I will have a qualified person within our (the contractor’s/builder’s) organization to exercise such control

Signature:  ___________________________________________________________  Date: ______________________
OWNER’S ACKNOWLEDGEMENT OF SPECIAL INSPECTIONS

Project Name: ___________________________________________________________________________________

Project Address: ______________________________________________________________________________

Owner’s Name/Company: _________________________________________________________________________

Owner’s Address: _____________________________________________________________________________

Owner’s Phone: ___________________ Owner’s Fax: ___________________

Owner’s Email: _____________________________

SC Registered Design Professional: ________________________________

License Number: SC__________ Phone: __________________________ Fax: _____________________________

Address: ___________________________________________________________________________________

Email: _____________________________________________

By signing this acknowledgement I understand that the SC Registered Design professional in charge and all SC registered special inspectors are hired by myself being listed as the owner of the above referenced project at the above reference address and/or my authorized agent as approved by the building official pursuant to the International Building Code Section 1704 and the South Carolina Building Codes Council.

____________________________________________  _________________________
Signature                                      Date

____________________________________________
Print Name
CHECKLIST OF REQUIRED SPECIAL INSPECTION REPORTS & INDIVIDUALS PERFORMING INSPECTIONS

Project: ____________________________________________________ Application No. __________________

Project location: __________________________________________________________________________

☐ Concrete IBC Table 1705.3
   Individual Name: ____________________________________________ Phone: _______________________
   SC Registration Number:__________________ Classification: ____________________________

☐ Welding of Reinforcing Bars IBC Section 1705.3.1
   Individual Name: ____________________________________________ Phone: _______________________
   SC Registration Number:__________________ Classification: ____________________________

☐ Exterior Insulation and Finish Systems (EIFS) IBC Section 1705.16
   Individual Name: ____________________________________________ Phone: _______________________
   SC Registration Number:__________________ Classification: ____________________________

☐ Fabricator ISO 9000 Lead Quality Assurance Auditor. IBC Section 1704.2.5
   Accrediting Agency: ________________________________________ Phone: _______________________

☐ Metal Building Fabrication
   Accrediting Agency: ________________________________________ Phone: _______________________

☐ Precast Concrete Fabrication
   Accrediting Agency: ________________________________________ Phone: _______________________

☐ Prefabricated Trusses
   Accrediting Agency: ________________________________________ Phone: _______________________

☐ Steel Bar Joist Fabrication
   Accrediting Agency: ________________________________________ Phone: _______________________

☐ Structural Steel Fabrication
   Accrediting Agency: ________________________________________ Phone: _______________________

☐ Masonry IBC Section 1705.4
   Individual Name: ____________________________________________ Phone: _______________________
   SC Registration Number:__________________ Classification: ____________________________

☐ Mastic and Intumescent fire-Resistant Coatings IBC Section 1705.15
   Individual Name: ____________________________________________ Phone: _______________________
   SC Registration Number:__________________ Classification: ____________________________

☐ Welding Cold Form Steel Deck IBC Section 1705.2.2
   Individual Name: ____________________________________________ Phone: _______________________
   SC Registration Number:__________________ Classification: ____________________________

☐ Soils IBC Sections 1705.6 through 1705.9
   Individual Name: ____________________________________________ Phone: _______________________
   SC Registration Number:__________________ Classification: ____________________________
- **Fill Placement**  IBC Section 1803.5.8
  Individual Name: ___________________________ Phone: ___________________________
  SC Registration Number: ________________ Classification: ________________

- **Driven Deep Foundations**  IBC Section 1705.7
  Individual Name: ___________________________ Phone: ___________________________
  SC Registration Number: ________________ Classification: ________________

- **Cast In Place Deep Foundations**  IBC Section 1705.8
  Individual Name: ___________________________ Phone: ___________________________
  SC Registration Number: ________________ Classification: ________________

- **Helical Pile Foundations**  IBC Section 1705.9
  Individual Name: ___________________________ Phone: ___________________________
  SC Registration Number: ________________ Classification: ________________

- **Special Cases**  IBC Section 1705.1.1
  Individual Name: ___________________________ Phone: ___________________________
  SC Registration Number: ________________ Classification: ________________

- **Special Inspection for Smoke Control**  IBC Sections 1705.18.1 through 1705.18.2
  Individual Name: ___________________________ Phone: ___________________________
  SC Registration Number: ________________ Classification: ________________

- **Special Inspections for Seismic Resistance**  IBC Section 1705.12
  Individual Name: ___________________________ Phone: ___________________________
  SC Registration Number: ________________ Classification: ________________

- **Structural Steel**  IBC Section 1705.12.1
  Individual Name: ___________________________ Phone: ___________________________
  SC Registration Number: ________________ Classification: ________________

- **Structural Wood**  IBC Section 1705.12.2
  Individual Name: ___________________________ Phone: ___________________________
  SC Registration Number: ________________ Classification: ________________

- **Cold Formed Steel Light Framing**  IBC Section 1705.12.3
  Individual Name: ___________________________ Phone: ___________________________
  SC Registration Number: ________________ Classification: ________________

- **Storage Racks**  IBC Section 1705.12.7
  Individual Name: ___________________________ Phone: ___________________________
  SC Registration Number: ________________ Classification: ________________

- **Architectural Components and Access Floors**  IBC Sections 1705.12.5 and 1705.12.5.1
  Individual Name: ___________________________ Phone: ___________________________
  SC Registration Number: ________________ Classification: ________________
Plumbing, Mechanical and Electrical Components IBC Section 1705.12.6
Individual Name: ____________________________ Phone: ____________________________
SC Registration Number: _______________ Classification: _______________

Designated Seismic System Verification IBC Section 1705.12.4
Individual Name: ____________________________ Phone: ____________________________
SC Registration Number: _______________ Classification: _______________

Sprayed Fire Resistance Materials IBC Sections 1705.14 through 1705.14.6
Individual Name: ____________________________ Phone: ____________________________
SC Registration Number: _______________ Classification: _______________

Steel Frame IBC Section 1705.2.1
Individual Name: ____________________________ Phone: ____________________________
SC Registration Number: _______________ Classification: _______________

High Strength Bolts AISC 360
Individual Name: ____________________________ Phone: ____________________________
SC Registration Number: _______________ Classification: _______________

Structural Observations IBC Section 1704.6 (Risk Category III & IV or over 75')
Individual Name: ____________________________ Phone: ____________________________
SC Registration Number: _______________ Classification: _______________

Testing and Qualification for Seismic Resistance IBC Section 1705.13
Individual Name: ____________________________ Phone: ____________________________
SC Registration Number: _______________ Classification: _______________

Structural Steel IBC Section 1705.13.1.2 as required by 1705.13
Individual Name: ____________________________ Phone: ____________________________
SC Registration Number: _______________ Classification: _______________

Seismic Certification of Nonstructural Components IBC Section 1705.13.2 as required by 1705.13
Individual Name: ____________________________ Phone: ____________________________
SC Registration Number: _______________ Classification: _______________

Seismic Isolation Systems IBC Section 1705.13.4 as required by 1705.13
Individual Name: ____________________________ Phone: ____________________________
SC Registration Number: _______________ Classification: _______________

Wood Construction IBC Section 1705.5
Individual Name: ____________________________ Phone: ____________________________
SC Registration Number: _______________ Classification: _______________

Prepared by: ____________________________ SC License No. _______________
Approved by: ____________________________ Date _______________
FINAL REPORT OF SPECIAL INSPECTIONS

To the best of my information, knowledge, and belief, the Special Inspections and/or Testing requirements for this project, and designated for this Agent in the Checklist of Required Inspection Reports, Checklist of Quality Assurance Plan and the Checklist of Required Testing submitted for permit, have been completed in accordance with the contract documents.

Interim reports submitted prior to this Final Report of Inspections form a basis for, and are to be considered an integral part of this Final Report. All discrepancies that were outstanding in all of the Interim reports have been corrected.

Prepared by:

Type or print name

Firm (optional)

Signature

Date

Individuals Seal

Firm Seal
INTRODUCTION

This policy sets forth the minimum qualification requirements for individuals and firms offering Special Inspection services. Nothing in this policy prevents the project owner or the registered design professional in responsible charge, acting as the owner’s agent, from requiring qualifications above those identified herein.

An approved agency shall employ experienced personnel educated in conducting, supervising and evaluating tests and/or inspections.

Firms offering special inspection services for projects and fabrications located in South Carolina shall be licensed, registered, or certified by either; the South Carolina Board of Architectural Examiners, the South Carolina Contractors Licensing Board or the South Carolina Board of Professional Engineers and Land Surveyors in accordance with South Carolina Code of Laws, Title 40, Chapter 26.

Any questions or correspondence regarding special inspections should be directed to the building official for the jurisdiction in which the project will be located.

This Special Inspection Policy in no way relieves any participant from the proper performance of work according to contract documents and applicable codes, standards and regulation.

INSPECTION OF FABRICATORS

Fabrication and Implementation Procedures

   ISO 9000 Lead Quality Assurance Auditor and meet the applicable special inspector qualification requirements identified herein

Fabricator Approval

   ISO 9000 Lead Quality Assurance Auditor and meet the applicable special inspector qualification requirements identified herein

   The following fabricator certifications are considered sufficient.

Metal Building Fabrication

   Current American Institute of Steel Construction - Metal Building Systems Certification

Precast Concrete Fabrication

   Current National Precast Concrete Association Plant Certification

Prefabricated Trusses

   Current Truss Plate Institute Certification

Steel Bar Joist Fabrication

   Current Steel Joist Institute Certification
QUALIFICATION OF SPECIAL INSPECTORS

The special inspector shall be a qualified person licensed in accordance with the requirements of the State of South Carolina Labor, Licensing and Regulation Department. The qualifications of all personnel new to an agency shall be provided to and approved by the building official before being assigned to any project.

Except for professional engineers and architects registered in the State of South Carolina, special inspectors shall have a license. The following is the current minimum requirements to obtain a license.

Steel Construction

Welding
Current American Welding Society (AWS) Certified Welding Inspector or
Current Canadian Welding Bureau Certified Welding Inspector

Nondestructive Testing of Welds
Current Nondestructive Testing Level II or III (Magnetic Particle Testing, Liquid Penetrant Testing, Ultrasonic Testing or Radiographic Testing)

(1) Level II personnel shall be qualified in accordance with the American Society of Nondestructive Testing (ASNT) to perform Magnetic Particle Testing, Liquid Penetrant Testing and Ultrasonic Testing, or

(2) Level II certification as certified by a Level III examiner to perform Magnetic Particle Testing, Liquid Penetrant Testing and Ultrasonic Testing. Level III Examiner shall be certified by ASNT and must submit a copy of his certification with the Level II certification.

Steel Frame Inspection/High-Strength Bolting
Current International Code Council (ICC) Structural Steel and Bolting Inspector

Concrete Construction

Reinforced Concrete
Current ICC Reinforced Concrete Special Inspector or
South Carolina Engineer in Training (EIT) with one year related experience under supervision of a licensed PE

Prestressed Concrete - Pretension tendons
Current ICC Reinforced Concrete Certification or
South Carolina Engineer in Training (EIT) with one year related experience under supervision of a licensed PE

Prestressed Concrete - Post-tension tendons
Current Post-Tensioning Institute (PTI) Certification Level I or
South Carolina Engineer in Training (EIT) with one year related experience under supervision of a licensed PE

**Prestressed Concrete - Post-Tension Slabs-on-Ground**
Current PTI Certification Level I or
South Carolina Engineer in Training (EIT) with one year related experience under supervision of a licensed PE

**Precast Concrete Erection**
The special inspector shall be registered for Reinforced Concrete or Welding as required based on the type of inspection being performed

**Structural Masonry Construction**
Current ICC Structural Masonry certificate and one year related experience or
South Carolina Engineer in Training (EIT) with one year related experience including plan reading under supervision of a licensed PE

**Modular Retaining Walls**
South Carolina Engineer in Training (EIT) with one year related experience under supervision of a licensed PE

**Soils**

**Excavation and Filling/Verification of Soils**
Current National Institute for Certification in Engineering Technologies (NICET) Level II certification in geotechnical engineering technology/construction or
Current NICET Level II in soils or
South Carolina Engineer in Training (EIT) with one year related experience under supervision of a licensed PE or
Soils Special Inspector or
Current SCDOT Earthwork, Drainage and Base Certification

**Deep Foundations**
Current NICET Level II certification in geotechnical engineering technology/construction or
South Carolina Engineer in Training (EIT) with one year related experience under supervision of a licensed PE or
Current SCDOT Foundation Inspector Certification

**Sprayed Fire-Resistant Materials**
Current ICC Spray-Applied Fire Proofing certificate

**Smoke Control**
Current NICET N-II-FPAS or
Current NICET N-II-FPFA or
Current National Environmental Balancing Bureau or
Current Associated Air Balance Council

**Exterior Insulation And Finish System**
South Carolina EIT with one year related experience

**Special Cases**
Approval on a case-by-case basis