City of Wayzata
Building Inspection Department
600 Rice Street
Wayzata, MN 55391-1734
Phone: 952-404-5301
Fax: 952-404-5318
www.wayzata.org

Special Structural Testing and Inspection Program Summary Schedule

Project Name _____ Project No._____

Location _____ Permit No. _____ (1)

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 in a Special Structural Testing and Inspection 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) Permit No. to be provided by the Building Official
(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: _____

TA: _____ Firm: _____ Date: _____

F: _____ Firm: _____ Date: _____

If requested by engineer/architect of record or building official, the individual names of all prospective special inspectors and the work they intend to observe shall be identified as an attachment.

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 _____