



**CITY OF NEWPORT BEACH**  
**COMMUNITY DEVELOPMENT DEPARTMENT**  
**BUILDING DIVISION**

100 Civic Center Drive | P.O. Box 1768 | Newport Beach, CA 92658-8915  
[www.newportbeachca.gov](http://www.newportbeachca.gov) | (949) 644-3200

**SPECIAL INSPECTOR APPLICATION**

(Fee: \$113.00)

Name \_\_\_\_\_

Address \_\_\_\_\_ # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone (     ) \_\_\_\_\_ Cell (     ) \_\_\_\_\_

ICBO Certification number for the type certification requested:

Concrete \_\_\_\_\_ Masonry \_\_\_\_\_ Steel \_\_\_\_\_ Other \_\_\_\_\_

**DECLARATION:**

I have read and understood the Special Inspector's instruction pamphlet published by the City of Newport Beach. I agree to abide by the minimum rules and will use the prescribed procedures stated therein. I agree to notify the City prior to on-site deputy inspections that I may perform in Newport Beach. I will submit, in a timely manner, reports on Newport Beach forms for all inspections that I perform. I will perform no inspection on jobs that are not permitted or that the City approved plans are not available on-site.

**AGREED** this date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

by: \_\_\_\_\_ (applicant's signature)

(for office use only)

Fee: \$113.00 for each separate certification      Paid \_\_\_\_\_

**APPROVED** \_\_\_\_\_      **EXPIRES:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**DENIED** \_\_\_\_\_      **REASON:** \_\_\_\_\_

BUILDING MANAGER: \_\_\_\_\_