

SPECIAL INSPECTION PROCEDURE

IBC CHAPTER 17 ~~2006~~ EDITION

2012

When Required

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

Overview

The program consists of five forms, which must be filled out by the SC Design Professional in Responsible Charge and submitted to the building department. The *Identification of the Design Professional in Responsible Charge*, *Earthquake Design Data Form*, *Checklist of Required Special Inspection Reports*, & *The Statement of Special Inspections* must be submitted at the time of application for Plan Review. The *Final Report of Special Inspections* is to be placed at the jobsite with all the field reports upon completion of the project, and made available to the Building Inspector during or prior to the Final Building Inspection. The *Owners Acknowledgement of Special Inspections* must also be submitted at the time of application for plan review. The *Contractor's Statement of Responsibility for Seismic-Force-Resisting Systems* must be submitted prior to permitting.

Identification of the Design Professional in Responsible Charge

This form provides the general information about the project and identifies the SC Design Professional in Responsible Charge as required in IBC Section 106.3.4.1. This form is submitted as a condition for permit issuance and as a commitment to Special Inspections.

Earthquake Design Data Form

This form is to be completed by the Structural Engineer and must be consistent with the Structural Analysis on the construction documents.

Checklist of Required Inspection Reports, The Statement of Special Inspections

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 performed. The minimum qualifications will be as listed by the South Carolina Building Code Council Special Inspection Policy document, or as approved by the Building Official. The forms will be reviewed by the Greenville County Plan Review Department for completeness. The Statement of Special Inspections is required for all projects.

Field Reports

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

All field reports generated from the inspections must be kept on the jobsite in a binder with the County of Greenville approved drawings and contain the following information: (A generic example form is included in this package).

- 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 performed as outlined in the appropriate code section or table and as specified in *The Checklist of Special Inspections*. Some inspections are periodic, some are continuous, and others are performed only once. When tables are referenced all applicable criteria in the table must be addressed.

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 performed and all corrections have been made. The report is then put with the field reports in the binder on the jobsite prior to requesting a Final Building Inspection. An updated *Checklist of Required Special Inspection Reports & The Statement of Special Inspections* including all names and addresses of firms that performed the inspections must also be provided.

Contractor's Statement of Responsibility for Seismic-Force-Resisting Systems

This form is to be filled out by the contractor.

Owners Acknowledgement of Special Inspections

This form is to be filled out by the owner of the project.

IDENTIFICATION OF THE DESIGN PROFESSIONAL IN RESPONSIBLE CHARGE

Project: CUICAR RESEARCH ONE Application No. _____

Project location: GREENVILLE, SC

Project Owner: CUICAR

Address: 4 RESEARCH DRIVE, GREENVILLE, SC 29607

SC Registered Design Professional in Responsible Charge: A. JOHN ARROWOOD

Firm (optional): ARROWOOD & ARROWOOD

License Number: SC 20477 Phone: 864.233.9383 Fax: 864.232.7855

Address: 412-B PETTIGRU ST. GREENVILLE, SC 29601

Architect: _____

Firm (optional): L33P

License Number: SC _____ Phone: 864.235.0405 Fax: 864.233.4027

Structural Engineer: A. JOHN ARROWOOD

Firm (optional): ARROWOOD & ARROWOOD

License Number: SC 20477 Phone: 864.233.9383 Fax: 864.232.7855

This *Identification of the Design Professional in Responsible Charge* 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.

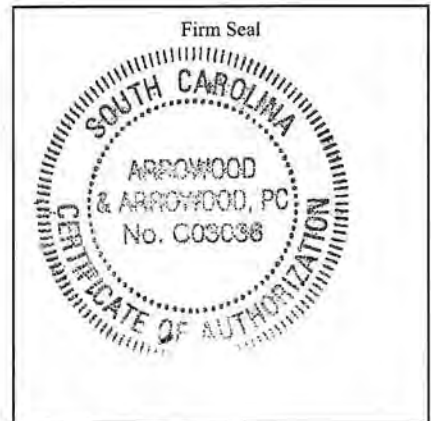
Design Professional in Responsible Charge:
ANTHONY JOHN ARROWOOD
 Type or print name

[Signature] 12/9/2014
 Signature Date

Accepted by: (Code Official)

 Type or print name

 Signature Date



Earthquake Design Data Form

Greenville County Application No. _____
IBC section 1613 for earthquake.

IBC section 1603.1.5 "The following information related to seismic loads shall be shown, regardless of whether seismic loads govern the design of the lateral-force-resisting system of the building":

1. ~~Occupancy~~ ^{RISK} Category: II. Importance Factor 1

IBC 1604.5 (IBC table 1604.5)

2. Mapped spectral response accelerations S_s 0.28 and S_1 0.11.

USGS website, <http://earthquake.usgs.gov/> 2002 maps, IBC1613.5.1

3. Site Class: D.

IBC section 1613.5.2 and IBC Table 1613.5.2 Verify by soil test 1802.4

4. Spectral Response Coefficients S_{DS} 0.29, S_{D1} 0.17.

IBC 1613.5.3(1) and 1613.5.3(2), (equations 16-37 through 16-38)

5. Seismic Design Category C.

IBC sections 1613.2, 1613.5.6 and IBC Tables 1613.5.6(1) or 1613.5.6(2) Note: Most severe shall apply.

6. Basic Seismic Force Resisting System(s) VERTICALLY BRAIDED FRAMES

IBC 1613.2 Must conform with Section 12.2 of ASCE 7

7. Design base shear 830 k.

Total design lateral force or shear at the base.

8. Seismic response coefficient(s) C_s 0.098.

ASCE 7 section 9.5.5.2.1 (equation)

9. Response modification factor(s), R 3.

10. Analysis procedure used

EQUIVALENT LATERAL FORCE

11. SC Licensed Engineer to affix seal on this document and provide phone number.

Name A. JOHN ARROWOOD Phone 864. 233. 9393
Firm ARROWOOD & ARROWOOD Fax 864. 232. 7855



OWNERS ACKNOWLEDGEMENT OF SPECIAL INSPECTIONS

I hereby acknowledge that I am the owner of the project referenced below and I have contracted with the design professional listed below to act as my agent in contracting and coordinating the required special inspections for the project.

Application/Permit Number: _____

Project Name: _____

Project Address: _____

Owner's Name: _____

Owner's Address: _____

Owner's Phone Number: _____

SC Registered Design
Professional in Responsible Charge: _____

Firm (optional): _____

License Number: SC _____ Phone: _____ Fax _____

Address: _____

Signature

Date

Print Name

CHECKLIST OF REQUIRED SPECIAL INSPECTION REPORTS & FIRMS/INDIVIDUALS PERFORMING INSPECTIONS

Project CUICAR RESEARCH ONE Application No. _____

Fabricator ISO 9000 Lead Quality Assurance Auditor or AISC certification. IBC 1704.2

- Metal Building Fabrication**
Firm/Individual Name: _____ Phone: _____
Address: _____
- Precast Concrete Fabrication**
Firm/Individual Name: _____ Phone: _____
Address: _____
- Prefabricated Trusses** (Wood Truss fabricator requires WTCA or TPI certification)
Firm/Individual Name: _____ Phone: _____
Address: _____
- Steel Bar Joist Fabrication**
Firm/Individual Name: _____ Phone: _____
Address: _____
- Structural Steel Fabrication**
Firm/Individual Name: _____ Phone: _____
Address: _____
- Site Welding** IBC Table 1704.3.1
Firm/Individual Name: _____ Phone: _____
Address: _____
- Steel Frame** IBC Table 1704.3.2
Firm/Individual Name: _____ Phone: _____
Address: _____
- High Strength Bolts** IBC Table 1704.3.3
Firm/Individual Name: _____ Phone: _____
Address: _____
- Concrete** IBC Table 1704.4
Firm/Individual Name: _____ Phone: _____
Address: _____
- Masonry** IBC Table 1704.5.1 and IBC Table 1704.5.3
Firm/Individual Name: _____ Phone: _____
Address: _____
- Wood Construction** IBC 1704.6 and IBC 2306.3.2
Firm/Individual Name: _____ Phone: _____
Address: _____
- Soils** IBC Sections 1704.7 and Table 1704.7
Firm/Individual Name: _____ Phone: _____
Address: _____
- Fill Placement** IBC Table 1704.7 and IBC 1803.5
Firm/Individual Name: _____ Phone: _____
Address: _____

Project CU ICAR RESEARCH ONE Application No. _____

- Pile Foundations** IBC 1704.8
Firm/Individual Name: _____ Phone: _____
Address: _____
- Pier Foundations** IBC Section 1704.9
Firm/Individual Name: _____ Phone: _____
Address: _____
- Sprayed Fire Resistance Materials** IBC Section 1704.10.1 through 1704.10.5
Firm/Individual Name: _____ Phone: _____
Address: _____
- Mastic and Intumescent Fire-Resistant Coatings** IBC Section 1704.11
Firm/Individual Name: _____ Phone: _____
Address: _____
- Exterior Insulation and Finish Systems (EIFS)** IBC Section 1704.12
Firm/Individual Name: _____ Phone: _____
Address: _____
- Special Cases** IBC Section 1704.13
Firm/Individual Name: _____ Phone: _____
Address: _____
- Special Inspection for Smoke Control** IBC Section 1704.14.1 through 1704.14.2
Firm/Individual Name: _____ Phone: _____
Address: _____

Special Inspections for Seismic Resistance IBC Section 1707.1

- Structural Steel** IBC Section 1707.2
Firm/Individual Name: _____ Phone: _____
Address: _____
- Structural Wood** IBC Section 1707.3
Firm/Individual Name: _____ Phone: _____
Address: _____
- Cold Formed Steel Framing** IBC Section 1707.4
Firm/Individual Name: _____ Phone: _____
Address: _____
- Pier Foundations** IBC Section 1707.5
Firm/Individual Name: _____ Phone: _____
Address: _____
- Storage Racks and Access Floors** IBC Section 1707.6
Firm/Individual Name: _____ Phone: _____
Address: _____
- Architectural Components** IBC Section 1707.7
Firm/Individual Name: _____ Phone: _____
Address: _____
- Mechanical and Electrical Components** IBC Section 1707.8
Firm/Individual Name: _____ Phone: _____
Address: _____
- Structural Observations** IBC Section 1709
Firm/Individual Name: _____ Phone: _____
Address: _____

THE STATEMENT OF SPECIAL INSPECTIONS & FIRMS/INDIVIDUALS DRAFTING STATEMENT

Project CU ICAR RESEARCH ONE Application No. _____

Statement of Special Inspections IBC Section 1705.1

The Statement of Special Inspections Prepared by the Design Professional In Responsible Charge. IBC Section 1705.2, 1705.3, 1705.4 **Statement to be attached for review.**

Firm/Individual Name: _____ Phone: _____
Address: _____

Contractor Statement of Responsibility for Seismic System IBC Section 1706
Complete forms on page 9.

Firm/Individual Name: _____ Phone: _____
Address: _____

CHECKLIST OF REQUIRED TESTING & FIRMS/INDIVIDUALS PERFORMING TESTS

Masonry IBC Sections 1708.1.1 through 1708.1.4

Level 1 Quality Assurance IBC Table 1704.5.1, 1708.1.3 Or

Firm/Individual Name: _____ Phone: _____
Address: _____

Or:

Level 2 Quality Assurance IBC Table 1704.5.3, 1708.1.4

Firm/Individual Name: _____ Phone: _____
Address: _____

Reinforcing and Prestressing Steel IBC Section 1708.3 as required by 1708.2

Firm/Individual Name: _____ Phone: _____
Address: _____

Structural Steel IBC Sections 1708.4 as required by 1708.2

Firm/Individual Name: _____ Phone: _____
Address: _____

Mechanical and Electrical Equipment IBC Section 1708.5 as required by 1708.2

Firm/Individual Name: _____ Phone: _____
Address: _____

(This section includes Sprinkler Systems)

Contractor Statement of Responsibility

IBC 1706 Contractor responsibility. Each contractor responsible for the construction of a seismic-force-resisting system, designated seismic system, wind or seismic resisting component listed the Statement of Special Inspections.

Application/Permit Number: _____

Project name: _____

Project Address: _____

Contractor's Name: _____

Contractor's License Number: _____

Contractors Address: _____

Contractors Phone Number: _____

1. I hereby acknowledge that I have read and am aware of the special requirements contained in the Statement of Special Inspections.
2. I hereby acknowledge that control will be exercised to obtain conformance with the construction documents approved by the Building Official.
- 3.) The procedures for exercising control within the contractor's organization are as follows:

The reports will be put in the jobsite 3 ring binder in reverse chronological order. Additional copies of the reports will be distributed by: _____ to the following individuals or firms:

Submitted on a _____ basis.

4. Control of this process will be exercised by:
Name: _____ Qualification: _____

Position in the Organization: _____

Signature

Date

Print Name