



DEPARTMENT OF RESOURCE MANAGEMENT

Building Division

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Inspection Request Line: (530) 244-5068

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Special Inspection and Code Compliance Verification

(Rev: 09-20-19)

DATE: _____ ASSESSOR'S PARCEL NUMBER: _____ CC #: _____

SITE LOCATION: _____

APPLICANTS NAME: _____ PHONE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

INSPECTION REQUESTED

() FINAL PERMIT: _____

() CLEAR VIOLATION: _____

() CLEAR WARNING NOTICE VIOLATIONS (WITH PLOT PLAN & ITEMS MUST BE IDENTIFIED FOR INSPECTOR)

() EROSION CONTROL ONLY INSPECTION with EROSION CONTROL CHECKLIST FORM

() INSPECTION FOR HABITABILITY - (Description): _____

MOBILE HOMES AND PARKS ARE SUBJECT TO HCD 1(916) 255-2501

() PLANNING - CODE COMPLIANCE OF STRUCTURE/USE - (Description): _____

() INSPECTION FOR AN AS-BUILT STRUCTURE - (Description): _____

NOTE: THIS INSPECTION IS BASED ON ITEMS THAT ARE VISIBLE & CORRECTIONS MAY REQUIRE A SEPARATE BUILDING PERMIT.

I hereby affirm under perjury that I am the [] owner [] contractor [] agent [] renter. I certify that I have read this form and state that the above information is correct. I agree to comply with all County Ordinances and State Laws relating to this Special Inspection and hereby authorize representatives of Shasta County to enter the above mentioned property for inspection purposes.

APPLICANT SIGNATURE: _____ DATE: _____

OFFICIAL USE ONLY

LIST OF CORRECTIONS: _____

1. IS THE STRUCTURE HABITABLE?	() YES	() NO
2. DOES A BUILDING PERMIT NEED TO BE OBTAINED?	() YES	() NO
3. DID THE INSPECTION CLEAR ALL VIOLATIONS?	() YES	() NO
4. CAN A NOTICE OF COMPLIANCE BE PREPARED?	() YES	() NO
5. IS A RE-INSPECTION REQUIRED?	() YES	() NO

COMMENTS: _____

SIGNED: _____ DATE: _____