

ACKNOWLEDGMENTS

Project Location: _____ Project No: _____

Each appropriate representative shall complete below:

OWNER:	_____	_____	_____
	Firm	Print Name	Signature Date
CONTRACTOR:	_____	_____	_____
	Firm	Print Name	Signature Date
ARCHITECT:	_____	_____	_____
	Firm	Print Name	Signature Date
SER:	_____	_____	_____
	Firm	Print Name	Signature Date
SI-S:	_____	_____	_____
	Firm	Print Name	Signature Date
SI-T:	_____	_____	_____
	Firm	Print Name	Signature Date
SI-T:	_____	_____	_____
	Firm	Print Name	Signature Date
TA:	_____	_____	_____
	Firm	Print Name	Signature Date
TA:	_____	_____	_____
	Firm	Print Name	Signature Date
FABRICATOR:	_____	_____	_____
	Firm	Print Name	Signature Date
FABRICATOR:	_____	_____	_____
	Firm	Print Name	Signature Date

LEGEND: SER = Structural Engineer of Record SI-T = Special Inspector - Technical SI-S = Special Inspector - Structural TA = Testing Agency F = Fabricator

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

ACCEPTANCE

Accepted for the Inspections Department of the City of _____ **By:** _____

Signature: _____ **Date:** _____