



City of Oroville

Building Division - Community Development Department

1735 Montgomery Street
 Oroville, CA 95965-4897
 (530) 538-2401 FAX (530) 538-2426
www.cityoforoville.org

APPLICATION FOR SPECIAL INSPECTION

Property Owner: _____	Telephone No.: () _____
Mailing Address: _____	() _____
_____	_____
Applicant: _____	Telephone No.: () _____
Mailing Address: _____	() _____
_____	_____
Project Location: _____	APN: _____

I hereby request a special inspection of the following building: (Check all that apply)		
<input type="checkbox"/>	One-or-Two Family Dwelling	
<input type="checkbox"/>	Multifamily Dwelling	# of Units:
<input type="checkbox"/>	Commercial	Specify Occupancy:
<input type="checkbox"/>	Industrial	Specify Occupancy:
<input type="checkbox"/>	Other	Specify:

I am requesting a special inspection for the following: (Check all that apply)		
<input type="checkbox"/>	Moved Building	<input type="checkbox"/> Epoxy Rebar Installation; # of Rebar:
<input type="checkbox"/>	Change of Occupancy to:	<input type="checkbox"/> Epoxy Bolt Installation; # of Bolts:
<input type="checkbox"/>	Disabled Access Compliance	<input type="checkbox"/> Other (Specify):

I hereby certify that I have obtained the necessary permits (if applicable) and will make any necessary corrections, alterations, or repairs required by the City of Oroville, as a result of this inspection, to comply with building and housing code requirements. I also certify that prior to the use or occupancy of this building I will complete the above required corrections, alterations, or repairs. If the building is presently occupied I will complete the above required corrections, alterations, or repairs within 30 days. I certify that I have read this application and state the above information is correct and hereby authorize representatives of the City of Oroville to enter upon the above-mentioned property for inspection purposes.

 Signature of Owner/Authorized Representative

 Date