

## City of Ashland Building Safety Division

51 Winburn Way • Ashland, OR 97520 Phone (541) 488-5305 • Fax (541) 488-6066

Email: <u>Building@ashland.or.us</u>

## <u>Special Inspector Agreement</u>

Company Name:			
Applicant Name:			
Mailing Address:		City:	State:
Zip Code:	Email:		
Applicant Telephone:			
copies of required certifica	ude a completed application, resum tions (or reference letter if applicabl jon Structural Specialty Code and th	e). Special inspection requir	ements are outlined in
<u>Multiple Disciplines</u> Multiple disciplines can be se	lected per each application.		
☐ Already an approved Juris	sdictional Special Inspector, seeking to	add disciplines.	
Minimum Experience Require Applicants shall comply with	e <u>ments</u> one of the following education and exp	erience requirements:	
☐ Professional Engineer, A experience; or	rchitect, or Registered Design Professi	onal and a minimum three (3)	months of relevant work
☐ Bachelor of Science Degrelevant work experience; or	ree in Engineering, Architecture, or Phy	ysical Science and a minimum	of six (6) months of
☐ Two (2) years of verified or	college or technical school and a minin	num of two years of verified rel	evant work experience;
•	graduate and a minimum of two (2) ye of verified relevant work experience.	ears of verified relevant work e	xperience; or
Required Documentation			
☐ A resume that describes application.	your relevant experience and training f	or each special inspection disc	cipline included in your
☐ A copy of the required thi ACI, OBOA, WABO or other	rd-party certification for each discipline recognized certifications.	included in your application. T	his may include ICC,
Please send applications to	<b>):</b>		
Printed Name		Date	
Signature		 Date	