



TOWN OF BEDFORD
OFFICE OF BUILDING INSPECTIONS
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STATEMENT OF SPECIAL INSPECTIONS
Pursuant with VUSBC 111.2 and Chapter 17 of the VCC

Project Name: _____

Project Address: _____

Permit Number: _____ **General Contractor:** _____

Registered Design Professional In Charge:

Name: _____ **Firm:** _____

Special Inspections Engineer in Charge:

Name: _____ **Firm:** _____

Inspections and Testing (check and complet all applicable):

☐ **Concrete**

Agency or Individual: _____ **Phone:** _____

Address: _____

☐ **Steel**

Agency or Individual: _____ **Phone:** _____

Address: _____

☐ **Masonry**

Agency or Individual: _____ **Phone:** _____

Address: _____

☐ **Other**

Agency or Individual: _____ **Phone:** _____

Address: _____

Submitted by:

Printed Name: _____ **E-Mail:** _____

Signature: _____ **Date:** _____