



TOWN OF BEDFORD
OFFICE OF BUILDING INSPECTIONS
215 East Main St. (540) 587-6024
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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: _____