



AUTHORIZATION FOR SPECIAL INSPECTION

Community Development Services
Building Division
220 E. Mountain View Street, Suite A
760-255-5161
www.barstowca.org

Special Inspectors shall register for each project to be inspected in the City of Barstow, prior to the inspection commencing. Please present all certifications and driver license at time of registration. Additionally, all special inspectors must have a city business license prior to any application being approved.

Special Inspector Information

Name: _____ Date: _____

Address: _____
Street Address

_____ City State Zip Code

Home Phone No.: _____ Cell Phone No.: _____

Business License No. _____

Project Information

Project Address: _____

Developer: _____

Permit No.: _____ Tract and Lot No(s).: _____

Inspection to be Performed: _____

Testing Lab Information

Testing Lab: _____

Testing Lab Address: _____
Street Address

_____ City State Zip Code

OFFICE USE ONLY

Verified Certifications and Driver License: _____
(INITIAL)

Notes:

