



Threshold Inspector Form

Permit #: _____

I, _____ have been retained by
 (Owner's name) _____ to
 perform threshold inspection services as defined in the *Florida Building Code 7th Edition (2020) Section 110.8.1* for the property located at _____.

I am a registered architect or professional engineer licensed in the State of Florida and with a Special Inspector license (SI).

Florida PE#: _____ SI#: _____

Florida RA#: _____ SI#: _____

The following individual(s) employed by this firm or me are authorized representatives to perform inspections *

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

**Special Inspector for threshold buildings utilizing authorized representatives shall insure the authorized representative is qualified by education or licensure to perform the duties assigned by the Special Inspector. The qualifications shall include licensure as a professional engineer or architect; graduation from an engineering education program in civil or structural engineering; graduation from an architectural education program; successful completion of the NCEES Fundamentals Examination; or registration as standard building inspector under FS 468.*

I, (we) will notify the City of Fort Pierce Building Department of any changes regarding authorized personnel performing inspection services.

I, (we) understand that a Special Inspector inspection log for each building must be displayed in a convenient location on the site for reference by the City of Fort Pierce Building Department Inspector. In addition to the inspection field log, all inspection logs, test reports, photographs, etc must be submitted to the Building Department.

Upon completion of the work under each Building Permit, I will submit to the Building Department at the time of final inspection the completed inspection logs and a sealed statement indicating that, to the best of my knowledge, belief and professional judgment the project outlined above was built in compliance with the FBC and are in substantial compliance with the Building Department approved set of plans.

Engineer/Architect's Name (print): _____

Address: _____

Email: _____ **Telephone:** _____

Signed and Sealed: _____ **S.I. Number:** _____

Date: _____