



DEPARTMENT OF RESOURCE MANAGEMENT

Building Division

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Inspection Request Line: (530) 244-5068

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SPECIAL INSPECTION AND CODE COMPLIANCE VERIFICATION (Rev: 01-03-23)

DATE: _____ ASSESSOR'S PARCEL NUMBER: _____ CC #: _____

SITE LOCATION: _____

APPLICANTS NAME: _____ PHONE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

INSPECTION REQUESTED

() FINAL PERMIT: _____

() CLEAR VIOLATION: _____

() CLEAR WARNING NOTICE VIOLATIONS (WITH PLOT PLAN & ITEMS MUST BE IDENTIFIED FOR INSPECTOR)

() EROSION CONTROL ONLY INSPECTION with EROSION CONTROL CHECKLIST FORM

() INSPECTION FOR HABITABILITY - (Description): _____

MOBILE HOMES AND PARKS ARE SUBJECT TO HCD 1(916) 255-2501

() PLANNING - CODE COMPLIANCE OF STRUCTURE/USE - (Description): _____

() INSPECTION FOR AN AS-BUILT STRUCTURE - (Description): _____

NOTE: THIS INSPECTION IS BASED ON ITEMS THAT ARE VISIBLE & CORRECTIONS MAY REQUIRE A SEPARATE BUILDING PERMIT.

I hereby affirm under perjury that I am the [] owner [] contractor [] agent [] renter. I certify that I have read this form and state that the above information is correct. I agree to comply with all County Ordinances and State Laws relating to this Special Inspection and hereby authorize representatives of Shasta County to enter the above-mentioned property for inspection purposes.

APPLICANT SIGNATURE: _____ DATE: _____

OFFICIAL USE ONLY

LIST OF CORRECTIONS: _____

1. IS THE STRUCTURE HABITABLE?	() YES	() NO
2. DOES A BUILDING PERMIT NEED TO BE OBTAINED?	() YES	() NO
3. DID THE INSPECTION CLEAR ALL VIOLATIONS?	() YES	() NO
4. CAN A NOTICE OF COMPLIANCE BE PREPARED?	() YES	() NO
5. IS A RE-INSPECTION REQUIRED?	() YES	() NO

COMMENTS: _____

SIGNED: _____ DATE: _____