



**CITY OF MISSION VIEJO**  
**Building and Safety Division**  
 200 Civic Center  
 Mission Viejo, CA 92691  
 Phone: (949) 470-3054  
 Fax: (949) 951-6172  
 Fee: None

After completed please email the form to the Building Division:  
[bldgservices@cityofmissionviejo.org](mailto:bldgservices@cityofmissionviejo.org)

**APPLICATION FOR SPECIAL INSPECTOR**

Inspector Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City / State / Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Job Address: \_\_\_\_\_ Permit# \_\_\_\_\_  
 Type of Inspection: \_\_\_\_\_

TYPE OF CERTIFICATE REQUIRED: (Please check all that apply)

Required: Attach a copy of identification and certification for each category you will be registering for.

Concrete	<input type="checkbox"/>	Prestressed Concrete	<input type="checkbox"/>
Epoxy Anchor Bolts	<input type="checkbox"/>	Structural Steel/Welding	<input type="checkbox"/>
Gunite	<input type="checkbox"/>	Fireproofing	<input type="checkbox"/>
Shot Crete	<input type="checkbox"/>	Masonry	<input type="checkbox"/>

Qualifications:

Type of Certificate:	Certificate No.:	Expiration Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPROVED

DENIED

By: \_\_\_\_\_  
 Inspection Supervisor

Reason for Denial: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_