



Project Owner: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

**BUILDING DEPARTMENT**

336 Pacific Avenue, Shafter CA 93263

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**STRUCTURAL OBSERVATIONS REPORT**

STRUCTURAL OBSERVATIONS PERFORMED DURING CONSTRUCTION			
FOUNDATION	WALL	FRAME	DIAPHRAGM
<input type="checkbox"/> Footing, Stem Walls, Piers	<input type="checkbox"/> Concrete	<input type="checkbox"/> Steel Moment Frame	<input type="checkbox"/> Concrete
<input type="checkbox"/> Mat Foundation	<input type="checkbox"/> Masonry	<input type="checkbox"/> Steel Braced Frame	<input type="checkbox"/> Steel Deck
<input type="checkbox"/> Caisson, Piles, Grade Beams	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete Moment Frame	<input type="checkbox"/> Wood
<input type="checkbox"/> Retaining Foundation Hillside Special Anchors	<input type="checkbox"/> Others:	<input type="checkbox"/> Masonry Wall Frame	<input type="checkbox"/> Others:
<input type="checkbox"/> Others:		<input type="checkbox"/> Others:	

100% of the items checked above have been completed (list any deficiencies below):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  Additional Deficiencies Attached

I declare to the best of my knowledge that the following statements are true:

1. I am the registered design professional retained by the owner to be in responsible charge of the structural Observation in accordance with the requirements of the City of Shafter and the CBC;
2. I, or another registered design professional whom I have designated above and is under my responsible charge, has performed the required site visits at each significant phase of construction to verify that the structure is in general conformance with the approved construction documents;
3. I understand that all deficiencies which I have documented must be corrected and a new structural observation report must be issued clearing the deficiencies and;
4. I understand that final acceptance of the structural systems by the building department cannot occur without the correction of all observed deficiencies.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Seal of Structural Observer of  
Record