



City of Chula Vista
 Building Division Inspection Section
Planning and Building Department
 276 Fourth Avenue
 Chula Vista CA 91910
 Information (619) 409-5868 Fax (619) 585-5639

**PROPERTY OWNER'S
 FINAL REPORT**

Special Inspection/Construction Materials Testing/Off-Site Fabrication/HERS Rating

DATE: _____ / _____ / _____

SUBJECT: SATISFACTORY COMPLETION OF WORK REQUIRING SPECIAL INSPECTION,
 CONSTRUCTION MATERIALS TESTING, OFF-SITE FABRICATION OR HERS RATING

PERMIT NO.: _____

(For projects with multiple permit numbers, you may list all permit numbers on a separate sheet.)

PROJECT ADDRESS: _____ Chula Vista, California

NAME: (TYPE OR PRINT) _____
 (FIRST) (M.I.) (LAST)

I AM THE: (PLEASE CHECK ONE)

- PROPERTY OWNER
- PROPERTY OWNER'S AGENT OF RECORD
- ARCHITECT OF RECORD
- ENGINEER OF RECORD

State of California Registration Number: _____ Expiration Date: _____

I declare under penalty of perjury that, to the best of my knowledge, all the work requiring special inspection, material sampling and testing, off-site fabrication of building components or HERS rating for the structure(s) constructed under the subject permit is in conformance with the approved plans and documents, the inspection program, and the applicable workmanship provisions of the California Building Code, as amended by the City of Chula Vista, and the California Energy Efficiency Standards.

Executed on this _____ day of _____ / _____ .

Signature: _____