



**WEST HOLLYWOOD**  
8300 Santa Monica Boulevard West Hollywood, CA 90069-6216

**Building & Safety Division**  
tel 323.848.6475 fax 323.848.6569

## DEPUTY INSPECTOR SIGN-IN SHEET

Job Address: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Time: \_\_\_\_\_ Permit No. \_\_\_\_\_

Date of inspection if different: \_\_\_\_\_

Type and location of inspection to be conducted:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Deputy Inspector: \_\_\_\_\_

A.W.S. #: \_\_\_\_\_

Certified By: (Fill out Options Below)

L.A. County	#	Type: Welding <input type="checkbox"/> SM <input type="checkbox"/>	PC <input type="checkbox"/>	SS <input type="checkbox"/>	RC <input type="checkbox"/>	Other
I.C.C.	#	Type: Welding <input type="checkbox"/> SM <input type="checkbox"/>	PC <input type="checkbox"/>	SS <input type="checkbox"/>	RC <input type="checkbox"/>	Other
L.A. City	#	Type: Welding <input type="checkbox"/> SM <input type="checkbox"/>	PC <input type="checkbox"/>	SS <input type="checkbox"/>	RC <input type="checkbox"/>	Other
A.W.S.	#	Type: Welding <input type="checkbox"/> SM <input type="checkbox"/>	PC <input type="checkbox"/>	SS <input type="checkbox"/>	RC <input type="checkbox"/>	Other

***I certify that the above information is correct.***

**Signature of Deputy Inspector**

**Date**

***For Office Use Only Below***

Are all required areas filled? Yes  No   
 Did you check credentials? Yes  No   
 Does information match credentials? Yes  No   
 Inspectors name is on approved list(s)? Yes  No

**Signature of Building & Safety Authorized Staff**

**Date**