Building Department
1700 Convention Center Drive, 2nd FL
Miami Beach, Florida 33139
Telephone: 305-673-7610
http://www.miamibeachfl.gov/city-hall/building/

NOTICE TO CITY OF MIAMI BEACH BUILDING DEPARTMENT
OF EMPLOYMENT AS SPECIAL INSPECTOR UNDER
THE FLORIDA BUILDING CODE

I (We) have been retained by_____to perform special inspector services under the Florida Building Code at the_____project on the below listed structures as of_____(date).

I am a registered architect or professional engineer licensed in the State of Florida.

PROCESS NUMBERS:
SPECIAL INSPECTOR FOR LIGHTWEIGHT INSULATING CONCRETE FILL (LWC)
Installed per Section(s) 1917 FBC

The following individual(s) employed by this firm or me are authorized representatives to perform inspections.

1. _____ 2. _____
3. _____ 4. _____

**Special Inspectors utilizing authorized representative shall insure the authorized representative is qualified by education or licensure to perform the duties assigned by the Special Inspector. The qualifications shall include licensure as a professional engineer or architect; graduation from an engineering education program in civil or structural engineering, graduation from an architectural education program, successful completion of the NCEES Fundamentals Examination; or registration as building Inspector or General Contractor.*

I, (We) will notify the City of Miami Beach Building Department of any changes regarding authorized personnel performing inspection services.

I, (We) understand that a Special Inspector inspection log for each building must be displayed in a conspicuous place on the site for reference by the Miami Beach Building Department Inspector.

The lightweight concrete installation log shall include:

1. Job log with the following information per 1917.2.3 FBC
   a. Cost Density recordings/hour
   b. Current LWC Product Approval
   c. Date of Installation and job location
   d. Results of field tests
2. Verification of equipment calibration
3. Installation of required venting of the LWC
4. Installation of expansion joints if required

The City of Miami Beach Building Department must be called for a final inspection. Inspections performed by the Special Inspector hired by the Owner are in addition to the mandatory inspections performed by the Building Department. Further, upon completion of the work under each Building Permit I will submit to the Building Inspector at the time of final inspection the completed inspection log form and a sealed statement indicating that to the best of my knowledge, belief and professional judgement those portions of the project outlined above meet the requirements of the Florida Building Code and are in substantial accordance with the approved permit documents.

Engineer/Architect

_____
Signed and Sealed

Date: _____

Name: _____

Address: _____

Phone No: _____

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LIGHTWEIGHT INSULATING CONCRETE (LWIC)
SPECIAL INSPECTOR REPORT
PER SECTION 1917 FLORIDA BUILDING CODE

Roofing Permit Number _____ **Building** Permit Number _____

❑ **LWIC** installed over an existing deck (during reroofing) ❑ **LWIC** installed during new construction

Property Address _____

Date(s) of installation of LWIC _____ **Date(s)** of inspection(s) _____
Date(s) of installation of LWIC _____ **Date(s)** of inspection(s) _____

LWIC Product Approval (NOA) No. _____ **LWIC** Manufacturer _____

LWIC installer (approved by manufacturer) _____

LWIC installer license number

Type of **LWIC** installed
❑ Aggregate **LWIC**
❑ Cellular **LWIC** with mechanically attached roof system
❑ Cellular **LWIC** with adhered roof system (deck surface prepared per LWIC and Roof System NOA)

Substrate the **LWIC** is installed over
❑ Slotted Steel Deck ❑ Existing Steel Deck ❑ Structural Concrete ❑ Twin T Concrete

❑ Existing Roof Assembly ❑ Other Deck Type _____

Steel Deck Support Spacing _____

Deck Attachment Method (per **LWIC** Product Approval NOA)

Puddle Weld size _____ Washers ❑ Yes ❑ No Weld Spacing _____" o/c

Screw Type _____ Screw Spacing _____" o/c

Side Lap Attachment _____

Bonding Agent (per the LWIC Product Approval (NOA) ❑ N/A

Bonding Agent type and coverage _____

Venting the LWIC ❑ N/A Method of venting _____
(Required when the LWIC is installed over non-venting substrates)

Polystyrene Insulation (Holey Board)
Installed per **LWIC** Product Approval NOA ❑ Yes ❑ No ❑ N/A
Installed per approved building plans ❑ Yes ❑ No ❑ N/A

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LWIC Admixtures (per **LWIC** Product Approval NOA) ❑ Yes ❑ No ❑ N/A

Admixture Type _____

LWIC Curing Compound (per **LWIC** Product Approval NOA) ❑ Yes ❑ No ❑ N/A

Curing Compound type _____

Minimum thickness of **LWIC** _____

Minimum slope of the **LWIC** _____

Expansion Joints
Installed per approved building plans ❑ Yes ❑ No ❑ N/A

LWIC cast density recoding (checked hourly)
(Acceptable ranges per **LWIC** Product Approval NOA) ❑ Yes ❑ No

Dry Density Range: _____ Pcf (depending on roof cover type)
Wet Density Range: _____ Pcf (depending on roof cover type)
28-Day Compressive Strength Range _____ (depending on roof cover type)

Walkability Inspection
❑ Approved ❑ Disapproved Date of Inspection _____

LWIC fastener pull test report
(Required minimum pull-out resistance of 40 pounds for new pours) ❑ Yes ❑ No

All the **LWIC** installed was in compliance with the requirements of the Florida Building Code Section 1917, the **LWIC** Product Approval NOA, and the **LWIC** manufacturers' recommendations and specifications. From my observations of the mixing, installation, and finishing of the **LWIC** system, to the best of my knowledge, belief and professional judgment those portions of the project outlined above meet the intent of the **Florida Building Code** and are in substantial accordance with the approved permit documents.

Engineer/Architect

_____ _____
Signed and Sealed Name: (print)

Date: _____ Address_____

Phone Number: _____

E-mail: _____

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LIGHTWEIGHT CONCRETE DENSITY RECORD

JOB _____ DATE _____

ADDRESS _____ DAY _____

TELEPHONE _____ SPECIAL INSPECTOR _____

TIME	DENSITY
A.M.	
7:00	
7:30	
8:00	
8:30	
9:00	
9:30	
10:00	
10:30	
11:00	
11:30	
P.M.	
12:00	
12:30	
1:00	
1:30	
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2:30	
3:00	
3:30	
4:00	
4:30	
5:00	
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6:00	
6:30	
7:00	