



Testing Lab Information

This information must be supplied at the time of building permit submittal:

Please Print in Black Ink Only

Project Name:
Project Address:
Name of Testing Lab.\*
Address:
Phone:

Selection of the Testing Lab is final and owner shall retain test lab to conduct required special inspections.

Name of Property Owner
Address:
Phone:
Name of Engineer:
Name of Architect:
Name of Geotechnical Engineer:
Address:Phone:

Soils Report #: Soils Report Date:

The geotechnical engineer of record shall provide verification of soil design.

I certify that I am: (check all that apply)

- Property Owner
Building Owner
Business Owner
Agent of the Property Owner, but not the contractor
Agent of the Building Owner, but not the contractor
Agent of the Business Owner, but not the contractor

(Signature of Property/Building/Business Owner or Agent of Owner, excluding contractor)

\* May use any special inspection agency approved by Washington Association of Building Officials (WABO) for the type of inspection required.

