



COUNTY OF SANTA CRUZ

PLANNING DEPARTMENT

701 OCEAN STREET, 4TH FLOOR, SANTA CRUZ, CA 95060
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KATHLEEN MOLLOY PREVISICH, PLANNING DIRECTOR

Geologist Final Inspection

Project Information:

Application Number: _____

Parcel # (APN): _____

Owner Name: _____

Project Address / Location: _____

Engineering Geology Report Information:

Company Name: _____

Name of Geologist Who Signed Report: _____

Date of Engineering Geology Report: _____

Date of Updates / Supplemental Info: _____

The project has been completed in conformance with all of the recommendation of the engineering geology report.

- If checked, certain aspects of the project cannot be certified due to lack of observation but efforts have been made to determine general compliance. (See Exceptions Addendum, attached)

Geologist's Signature and Stamp

Date

Geologist Final Inspection Exceptions Addendum

Risk statements to be checked and initialed by the Geologist of Record.

Feature Not Observed or Verified:

Assessment of General Compliance (Include all post-construction observations, tests, etc.):

To the best of my knowledge, this feature as-installed will not pose a life safety risk to occupants. _____ (Initial)

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Assessment of General Compliance (Include all post-construction observations, tests, etc.):

To the best of my knowledge, this feature as-installed will not pose a life safety risk to occupants. _____ (Initial)