



# City of Sunnyvale

## Building Occupancy Resumption Program

### EMERGENCY INSPECTOR AUTHORIZATION

[When used for 3-year renewal, complete only for NEW inspectors.]

I request precertification as an emergency inspector for the building at \_\_\_\_\_  
\_\_\_\_\_ (address), Sunnyvale, California for the following type of emergency inspection:

**A.  Structural Inspector**

I am a California licensed  engineer  architect Lic. No. \_\_\_\_\_

I certify that:

- I have relevant experience in the design and/or inspection of similar buildings:  
Building Address: \_\_\_\_\_  
Building Type: \_\_\_\_\_ No. Stories: \_\_\_\_\_
- I am proficient in ATC-20 Detailed Evaluation Procedures and will complete any additional and/or refresher training in a manner consistent with maintaining readiness.
- I am familiar with the emergency inspection plan and relevant drawings for this building.
- I accept authorization as an emergency inspector by the City of Sunnyvale Building Division and will display this form upon request.

**B.  Elevator Inspection Firm**

I certify that:

- Employees of my firm are authorized as qualified elevator technicians by the building owner.
- My firm is familiar with the building elevator equipment, installation, and operation.
- I will report findings to the structural inspector for inclusion in emergency inspection reports, or submit findings directly to the Building Division with copy to the structural inspector.

**C.  Life-safety System Inspector**

I certify that:

- I am familiar with the building life-safety system and have access to relevant drawings.
- I will report findings to the structural inspector for inclusion in emergency inspection reports, or submit findings directly to the Building Division with copy to the structural inspector.

(signature) \_\_\_\_\_

(printed name) \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

The structural engineers shown above are deputized as emergency inspectors for the above-listed building by the City of Sunnyvale Building Division and are authorized to post this building with official City post-earthquake safety evaluation placards.

Accepted by:

Date: \_\_\_\_\_

RETURN ORIGINAL OF THIS FORM TO BUILDING OWNER AFTER REVIEW & ACCEPTANCE  
BUILDING OWNER TO GIVE ORIGINAL TO INSPECTOR FOR IDENTIFICATION PURPOSES