

**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

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

Name: \_\_\_\_\_  
(print name)

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

Phone Number: \_\_\_\_\_

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

Signed and Sealed \_\_\_\_\_