

Bal Harbour Village Building Department
655 96th Street
Bal Harbour, FL. 33154

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

Roofing Permit Number _____

Building Permit Number _____

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: _____

Signed and Sealed

Date: _____