MIAMI-DADE COUNTY PERMITTING & INSPECTION CENTER
11805 S.W. 26th Street
Miami, Florida 33175
786-315-2100

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: __________________________

Signed and Sealed                                                                                     (print name)

Address: ________________________

Date: ______________                 Phone Number: ___________________