

NOTIFICATION OF INTENT TO USE THIRD-PARTY INSPECTION AGENCY

LANGUAGE: ☐ English ☐ Spanish ☐ Chinese ☐ Vietnamese ☐ Amharic ☐ Other _____

The purpose of this Notification is to advise the District of Columbia Department of Buildings (DOB) of the Permit Applicant's intention to utilize third-party inspection services in connection with the following construction project. Please use a separate form for each third-party agency being used on the project. Once a project is assigned as being third party inspected, the entire project must be inspected as such (every discipline, every inspection).

SUBMIT THIS FORM ONLY. NO ADDITIONAL ATTACHMENTS ARE REQUIRED.

Section A: Property Owner/Agent Information

Owner/Agent Name _____

Telephone Number _____ Email Address (required) _____

Project Name _____

Project Address _____

Section B: Primary Third-Party Inspection Agency Identification

Third Party Agency _____ Primary Agency? Check One ☐ Yes ☐ No

DOB Certification Number _____

Projected/Actual Date of First Inspection _____ DOB may audit inspections after project has begun.

Section C: Permits (list all applicable permits and numbers issued for the above noted project)

Primary Building	
Building	
Mechanical	
Electrical	
Elevator	
Plumbing	
Fire	
Other	

Please note any additional relevant permit information or comments below:

Section D: Acknowledgements

By submitting this form, I certify that the above statements on this application are true and complete to the best of my knowledge and belief. I agree to comply with all applicable laws and regulations of the District of Columbia. Signature/submission by a Third Party Agency indicates a contractual relationship between that agency and the building owner. The making of false statements on this application is punishable by criminal penalties (DC Code SEC. 22-2514). Submission of the online form does not require signatures.

Property Owner

Owner/Agent Name _____ Title _____

Signature _____ Signature Date _____

Third Party Inspection Agency

Agent or PIC Name _____ Title _____

Signature _____ Signature Date _____

I/We understand that anyone who makes a false statement on this form can be criminally prosecuted; and, if convicted, fined up to \$1000, imprisoned up to 180 days, or both, under D.C. Official Code § 22-2405.

FOR OFFICIAL USE ONLY

ACCEPTED FOR DOB BY:

STAFF NAME _____ SIGNATURE _____

TITLE _____ DATE _____

DC INSPECTOR GENERAL HOTLINE: If you are aware of corruption, fraud, waste, abuse or mismanagement involving any DC government agency, official or program, Contact the Office of the Inspector General (OIG) at (202) 727-0267 or (800) 521-1639 (toll free). All reports are confidential and you may remain anonymous by law. Government employees are protected from reprisals or retaliation by their employers for reporting to the OIG. The information you provide may result in an investigation leading to administrative action, civil penalties or criminal prosecution in appropriate cases.

NOTICE OF NON-DISCRIMINATION: In accordance with DC Human Rights Act of 1977, as amended, DC Code Section 2.1401.01 et seq., ("the Act") the District of Columbia does not discriminate on the basis of race, color, national origin, sex, age, marital status, sexual orientation, family responsibilities, matriculation, political affiliation, disabilities, source of income, or place of residence or business. Discrimination in violation of this act will not be tolerated. Violators will be subject to disciplinary action.