



Department of Permitting Services
 255 Rockville Pike, 2nd Floor
 Rockville, MD 20850-4166
 Phone: 311 in Montgomery County or (240) 777-0311
 Fax (240)-777-6262
 http://www.montgomerycountymd.gov/permittingservices



Commercial Building/Mechanical Inspection Report/Certification

This report is submitted to the Division of Building Construction which may accept this report/certification in lieu of inspecting the work noted below.

INSPECTION REPORT

<u>INSPECTION CODE</u>	<u>DESCRIPTION OF INSPECTION</u>	<u>APPROVED</u>	<u>INSPECTION CODE</u>	<u>DESCRIPTION OF INSPECTION</u>	<u>APPROVED</u>
051	* FOOTING/REBAR (including insulation, if applicable)	<input type="checkbox"/>	502	ENERGY SLAB INSPECTION (including insulation, if applicable)	<input type="checkbox"/>
053	* GRADE BEAM/REBAR	<input type="checkbox"/>	504	ENERGY CEILING CLOSE-IN	<input type="checkbox"/>
054	* FOUNDATION WALLS/REBAR	<input type="checkbox"/>	506	ENERGY WALL CLOSE-IN	<input type="checkbox"/>
056	* WALLS- MASONRY EXTERIOR	<input type="checkbox"/>	508	ENERGY MECHANICAL SYSTEM	<input type="checkbox"/>
058	STEEL ASSEMBLY	<input type="checkbox"/>	510	ENERGY ELECTRICAL SYSTEM	<input type="checkbox"/>
059	STEEL CONNECTIONS (WELD, BOLT)	<input type="checkbox"/>	550	ENERGY FINAL	<input type="checkbox"/>
060	CONCRETE PRECAST	<input type="checkbox"/>			
061	SPRAY FIRE PROTECTION	<input type="checkbox"/>			
065	PARGING-BACKFILL-WATERPROOFING	<input type="checkbox"/>			
068	* MASONARY FIREPLACE	<input type="checkbox"/>			
069	* SLAB (DECK/FLOORS) REBAR RADON	<input type="checkbox"/>			
072	* COLUMNS/REBAR	<input type="checkbox"/>			
259	SOIL COMPACTION TEST	<input type="checkbox"/>			

SUPPLEMENTAL TESTING REPORTS AND INSPECTIONS RECORDS SHALL BE ATTACHED TO THIS REPORT (when required)

DATE INSPECTED _____ INSPECTION CODE (ENTER TYPE) _____
 PERMIT NUMBER _____
 PREMISE ADDRESS _____

CERTIFICATION

I hereby certify that I have the authority to sign this report/certification on behalf of the following permittee _____ and that this report is a true description of the job site conditions. This certification represents the completion of this phase of construction.

 NAME of QUALIFIED INDIVIDUAL (PRINT)

 SIGNATURE

 ADDRESS

 SEAL

Professional Certification. I certify that these documents were prepared or approved by me, and that I am a duly licensed engineer under the laws of the State of Maryland, license number _____, expiration date _____.

**PLEASE SUBMIT ONE REPORT/CERTIFICATION FOR EACH INSPECTION TYPE
 PROVIDE REPORT/CERTIFICATION TO DPS INSPECTOR AT THE JOB SITE**

* DPS INSPECTORS MUST PERFORM INSPECTION UNLESS DPS AUTHORIZES IN WRITING OTHER QUALIFIED INDIVIDUALS TO DO SO AT TIME OF THE PRECONSTRUCTION MEETING.