

# NOTIFICATION OF INTENT TO USE THIRD PARTY INSPECTION AGENCY

LANGUAGE PREFERRED  English  Spanish  Chinese  Vietnamese  Amharic  Korean  Other: \_\_\_\_\_

The purpose of this notification is to advise the Department of Consumer and Regulatory Affairs (DCRA) of the Permit Applicant's intention to utilize third party inspection services in connection with the following construction project. 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 Third Party inspected (every discipline, every inspection). DCRA will NOT perform inspections if you choose to use Third Party inspectors on any part of your construction project.

**SUBMIT ONLY THIS FORM. NO ATTACHMENTS ARE REQUIRED.**

## Section A Property Owner/Agent Information

Owner/Agent Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email (required): \_\_\_\_\_ Fax: \_\_\_\_\_

Project Name: \_\_\_\_\_

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

## Section B PRIMARY THIRD PARTY INSPECTION AGENCY (List only one third party agency per form.)

Third Party Agency: AMAR Group, LLC Primary Agency?  Yes  No (Must check one.)

DCRA Certification Number: 2011400

Projected/Actual date of First inspection: \_\_\_\_\_ (DCRA may conduct audit inspections after project has begun.)

## Section C PERMITS (List all permits and permit number issued for the above noted project.)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Primary Building: _____ | <input type="checkbox"/> Electrical: _____ | <input type="checkbox"/> Plumbing: _____ |
| <input type="checkbox"/> Building: _____         | <input type="checkbox"/> Electrical: _____ | <input type="checkbox"/> Plumbing: _____ |
| <input type="checkbox"/> Mechanical: _____       | <input type="checkbox"/> Mechanical: _____ | <input type="checkbox"/> Fire: _____     |
| <input type="checkbox"/> Fire: _____             | <input type="checkbox"/> _____             | <input type="checkbox"/> _____           |

## 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/AGENT (3rd Party Agency cannot sign/submit as Property Owner/Agent)

Print Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Title of Signatory: \_\_\_\_\_

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

THIRD PARTY INSPECTION AGENCY

Print Agent or PIC Name: Rashawna Williams

Agent or PIC Signature: \_\_\_\_\_

Title of Signatory: AMAR Group, LLC - 3rd Party Manager

Date: April 1, 2018

I/We understand that, anyone who make a false statement on this form can be criminally prosecuted; and, if convicted, fined up to \$1,000, imprisoned up to 180 days, or both, under D.C. Official Code § 22-2405.

### FOR OFFICIAL USE ONLY

ACCEPTED FOR DCRA BY:

Staff Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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