



DPS

Montgomery County
Department of Permitting Services

2425 Reedie Drive, 7th Floor
Wheaton, MD 20902

Phone: 311 in Montgomery County or (240) 777-0311
www.montgomerycountymd.gov/dps

Commercial Building/Energy Inspection Report/Certification

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

INSPECTION REPORT ⁺					
INSPECTION CODE	DESCRIPTION OF INSPECTION	APPROVED	INSPECTION CODE	DESCRIPTION OF INSPECTION	APPROVED
051	* FOOTING/REBAR (including insulation, if applicable)	<input type="checkbox"/>	069	* SLAB (DECK/FLOORS) REBAR RADON	<input type="checkbox"/>
053	* GRADE BEAM/REBAR	<input type="checkbox"/>	072	* COLUMNS/REBAR	<input type="checkbox"/>
054	* FOUNDATION WALLS/REBAR	<input type="checkbox"/>	259	SOIL BEARING/ COMPACTION TEST	<input type="checkbox"/>
056	* WALLS- MASONRY EXTERIOR	<input type="checkbox"/>	502	ENERGY SLAB INSPECTION (including insulation, if applicable)	<input type="checkbox"/>
058	STEEL ASSEMBLY	<input type="checkbox"/>	504	ENERGY CEILING CLOSE-IN	<input type="checkbox"/>
059	STEEL CONNECTIONS (WELD/ BOLT)	<input type="checkbox"/>	506	ENERGY WALL CLOSE-IN	<input type="checkbox"/>
060	CONCRETE PRECAST	<input type="checkbox"/>	044	EIFS	<input type="checkbox"/>
061	SPRAY FIRE PROTECTION	<input type="checkbox"/>	706	FIRESTOPPING	<input type="checkbox"/>
065	PARGING-BACKFILL- WATERPROOFING	<input type="checkbox"/>			
068	* MASONRY FIREPLACE	<input type="checkbox"/>			

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

DATE INSPECTED _____
PERMIT NUMBER _____
PREMISE ADDRESS _____

INSPECTION CODE (ENTER TYPE) _____

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 INDIVIDUAL(S) TO DO SO AT TIME OF THE PRECONSTRUCTION MEETING.