



Chief Executive Officer
Lorraine Cochran-Johnson

DEPARTMENT OF PLANNING & SUSTAINABILITY

Director
Juliana A. Njoku

Third Party Inspections Application

Name	Phone Number	Date	Email
Project Address	City	State	Zip

Business License #	Business License Expiration Date
State Engineer's License #	State Engineer's Expiration Date

Application Checklist

- Proof of Insurance
 - \$1,000,000 Minimum Professional Liability
 - 30-Day Notification Cancellation
 - \$1,000,000 Minimum General Liability
 - **This statement must be on your certificate:** Department of Planning and Sustainability – Inspections Division must be named as the additional insured in respects to general liability.
 - \$500,000 Minimum Workers Compensation (when applicable – 3 or more employees)
 - Under Certificate Holder Input: DeKalb County
Attn: Department of Planning and Sustainability, Inspections
178 Sams Street, Building A
Decatur, Georgia 30030
- Proof of Certification
- A completed request will require a **Notary Seal (Page 3)**
- Email completed requests (**Pages 1-4**) and additional documentation to:
buildinginspections@dekalbcountyga.gov
 - Subject Line:** Third-Party Inspections Request



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Specialized Terms and Legal Provisions

As per Section 26 of Chapter 2 of Title 8 of the Official Code of Georgia Annotated, Subsection (g) [O.C.G.A. 8-2-26 (g)], the term “**Private Professional Provider**” means a “professional engineer who holds a certificate of registration issued under Chapter 15 of Title 43 or a professional architect who holds a certificate of registration issued under Chapter 4 of Title 3, who is not an employee of, or otherwise affiliated with, or financially interested in the person, firm, or corporation engaged in the construction project to be reviewed or inspected.

All Private Professional Providers, providing inspection services pursuant to this subsection, **shall secure and maintain insurance coverage for professional liability** (errors and omissions insurance). The limits of such insurance shall not be less than \$1 million per claim and \$1 million in aggregate coverage for any project with the construction cost of \$5 million or less, and \$2 million per claim and \$21 million in aggregate coverage for any project with the construction cost of more than \$5 million. Such insurance may be a practice policy or project-specific coverage. If the insurance is a practice policy, it shall contain prior acts coverage for the Private Professional Provider. If the insurance is project-specific, it shall continue in effect for two years following the issuance of the certificate of final completion for the project.

Nothing shall authorize any private Professional Provider to issue a Certificate of Occupancy. **Only DeKalb County shall be authorized to issue a Certificate of Occupancy.**

Authorized Use of the Private Professional Provider

My signature hereon signifies that I am the person responsible for compliance with the attached requirements for Third-Party Inspection Services. I acknowledge that DeKalb County Department of Planning and Sustainability Inspections Division has the right to deny my application or to revoke approval to perform Third-Party Inspections in DeKalb County. I have read and fully understand the following:

- A. All my inspections shall be made under the requirements of the CONSTRUCTION CODE (which contains the titles and editions of all building codes), the applicable sections of the DeKalb County Ordinance (Chapter 7), as amended, the Land Development Ordinance (Chapter 14), and the Zoning Ordinance (Chapter 27). As an approved “Private Professional Provider,” I shall have access to copies of all above-mentioned documents (DeKalb County Ordinance (Chapter 7), as amended, Land Development Ordinance (Chapter 14), and Zoning Ordinance (Chapter 27) which may be viewed online from the DeKalb County Municode Codification website: https://library.municode.com/ga/dekalb_county/codes/code_of_ordinances).
- B. The Environmental Final Inspection and the Fire Marshal 100% Inspection is required prior to the scheduling/submission of the Building Final Inspection. No Building Final Inspection shall be conducted without an Environmental Final Inspection or Fire Marshall 100% Inspection “Passed” Result indicated on the permit card provided by DeKalb County (if applicable).
- C. *Table A (Page 4)* lists the type of inspections that DeKalb County will need to accept my scope.
- D. Certificate of Occupancies can only be issued by DeKalb County under this Private Professional Provider/Engineer’s approval.



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Notarized Signature Page

Private Professional Provider's Signature	Principal Engineer's Signature
Private Professional Provider's Printed Name/Date	Principal Engineer's Printed Name/Date
Notary Public Signature	Notary Date of Expiration
Notary Seal	Engineer's Seal

Once the **Inspections Application (Pages 1-4)** has been submitted and approved by the Inspections Division Staff at buildinginspections@dekalbcountyga.gov, please proceed with **Pages 5-7**.



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Table A (Check all that apply)

Building Inspections

- Footing
- Slab
- Preclad/House Wrap
- Foundation Wall
- Retaining Wall
- Damp Proofing
- Framing
- Insulation
- Final

Mechanical (HVAC) Inspections

- Rough
- Bath Vent
- Final

Electrical Inspections

- Rough
- Ditch
- Ceiling Cover
- Wall Cover
- Slab
- Swimming Pool Bonding
- Final

Plumbing Inspections

- Rough
- Sewer
- Slab
- Water Heater
- Water Service
- Final

Plumbing Fire Sprinkler Inspections

- Fire Sprinkler Rough
- Fire Sprinkler Final



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Third-Party Compliance Inspection Report

Please proceed to fill out the **Third-Party Compliance Inspection Report (Pages 5-7)** once approval has been granted by the Inspections Staff. Send this completed documentation back to buildinginspections@dekalbcountyga.gov under the original email request submitted.

Client	Date
Job Address	Project Name
General Contractor	Private Professional Provider
Building Permit Number	Trade Permit Number (If Applicable)

At the client’s request, I provided private professional services for the project site by the date referenced above for compliance with codes set by the State of Georgia Department of Community Affairs. These codes and their amendments can be found at <https://www.dca.state.ga.us/development/constructioncodes>. Additionally, I ensured adherence to the current Life Safety and ADA Codes (120-3-20) as adopted by the State Fire Marshal’s Office. The private professional services provide visual observation techniques to verify that the work meets the requirements of the adopted building codes as a well as the approved project plans and specifications.

- The below inspections were performed on 100% of the individual components/elements comprising the noted inspection task(s).
- The below inspections were performed on a representative sampling of the components/elements comprising the noted inspections.

In my professional opinion, the work generally complies with the referenced codes, project plans, and specifications; however, the noted inspection services do not guarantee construction is free of deficiencies.

Check One:

- Regular Inspection
- Re-Inspection



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Inspection Type Requested (Check All that Apply)		
Building Inspections		
Checkbox	Inspection Type	Date Inspected (MM/DD/YYYY)
	Footing	
	Slab	
	Preclad/House Wrap	
	Foundation Wall	
	Retaining Wall	
	Damp Proofing	
	Framing	
	Insulation	
	Final	
Mechanical (HVAC) Inspections		
Checkbox	Inspection Type	Date Inspected (MM/DD/YYYY)
	Rough	
	Bath Vent	
	Final	
Electrical Inspections		
Checkbox	Inspection Type	Date Inspected (MM/DD/YYYY)
	Rough	
	Ceiling Cover	
	Wall Cover	
	Slab	
	Swimming Pool Bonding	
	Final	
Plumbing Inspections		
Checkbox	Inspection Type	Date Inspected (MM/DD/YYYY)
	Rough	
	Sewer	
	Slab	
	Water Heater	
	Water Service	
	Final	
Plumbing Fire Sprinkler Inspections		
Checkbox	Inspection Type	Date Inspected (MM/DD/YYYY)
	Fire Sprinkler Rough	
	Fire Sprinkler Final	



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Inspection Results

Passed

Failed

Partial

Comments (Comments are required to be included in the Inspections Report)

**Private Professional
Provider**

Date

Received By

Date

Private Professional Provider Signature

Recipient Signature