City of Boiling Spring Lakes



9 East Boiling Spring Road Boiling Spring Lakes, NC 28461 Phone ~ 910-294-0996 Fax ~ 910-363-0029 Web page ~ www.cityofbsl.org

DESIGN PROFESSIONAL INSPECTION FORM

RECORD OF THE INSPECTION OF A **COMPONENT OR ELEMENT** BY A NC LICENSED ARCHITECT OR ENGINEER

Project Information:		
Residential Single-Family Project: Y N		Commercial Project: Y N
Code Enforcement Project No:		Permit No:
Project Name:		Owner:
Project Address:		Suite No:
Date Inspected:		Contractor Name:
Component Inspected	d:	
Responsible Licensed	NC Architect or NC	Fnaineer
Name:	NC Alchillect of NC	Liigiileei
Firm Name:		
Phone Numbers:	Office:	Mobile:
Email Address:		
Mailing Address:		
Describe Element/Co	mponent/Type of Insp	ection: *
*(subgrade form/letter r		
By signing below, I certif as identified on this for direct supervision per sub with the Code or other	ry that the component of the has been inspected osection (b2) of NC G.S. proposal of the architempliance with all of the	by me or someone under my 160D-11-6 and is in compliance ct or engineer for the project. e requirements of the above ded.
Licensed Architect or	Engineer	

Inspection Department disclaimer:

Upon the receipt of a signed written document as required under subsection (a) of Article 160A-413.5., Code Enforcement shall be discharged and released from any liabilities, duties and responsibilities imposed by this article or in common law from any claim arising out of or attributed to the component or element in the construction of the building for which the signed written document was submitted. Be aware that this inspection will be noted in all inspection records including the Certificate of Occupancy or Certificate of Compliance. This inspection does not address any local ordinances or zoning requirements.