DESIGN PROFESSIONAL INSPECTION FORM

RECORD OF THE INSPECTION OF A <u>COMPONENT OR ELEMENT</u> BY A NC LICENSED ARCHITECT OR ENGINEER CABARRUS COUNTY CONSTRUCTION STANDARDS

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	:	
Responsible Licensed	NC Architect or NC	Engineer
Name:		
Firm Name:		
Phone Numbers:	Office:	Mobile:
Email Address:		
Mailing Address:		
*(subgrade form/letter m	nay also be required)	
by me or someone under my	t the component and/or ele direct supervision per G.S. for the project. This inspec	ment of the building as identified on this form has been inspected 160D-1106 and is in compliance with the Code or other proposation is in compliance with all of the requirements of the above ded.
Licensed Architect or I		

Inspection Department disclaimer:

Upon the receipt of a signed written document as required by G.S. § 160D-1106., 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.