



INSPECTION CERTIFICATION

Exterior Elevated Elements (3E) Inspection Program

This certification must be completed by a licensed or certified professional. Send the completed form to 3E Inspection Program 3EProgram@albanyca.org. A separate form is required for each multi-family (3 or more residential units) building.

PROPERTY INFORMATION

Project Site Address:	Year built:	Number of Units:
The building has (check which applies): <input type="checkbox"/> Rental Units <input type="checkbox"/> Condominiums		
Property Owner(s) Name:		
Email:	Phone:	

LICENSED/CERTIFIED PROFESSIONAL INFORMATION

- | | | |
|---|--|---|
| <input type="checkbox"/> General contractor | <input type="checkbox"/> Civil Engineer | <input type="checkbox"/> Building Inspector, ICC B5 Certified |
| <input type="checkbox"/> Architect | <input type="checkbox"/> Structural Engineer | <input type="checkbox"/> Building Official, ICC CB Certified |

Name of Licensed Professional:	Company:
Mailing Address:	
Email:	Phone:
License Number:	Albany Business License Number:

VERIFICATION BY LICENSED/CERTIFIED PROFESSIONAL:

- ☐ Exterior elements elevated more than six feet above adjacent grade that rely substantially on wood or wood-based products for structure support or stability exist at the subject building.

Elements:

- ☐ Balconies/Decks ☐ Stairways/Landings ☐ Guardrails/Handrails ☐ Walkways/Terraces

Materials:

- | | |
|--|---|
| <input type="checkbox"/> Regular Sawn Lumber | <input type="checkbox"/> Engineered Lumber |
| <input type="checkbox"/> Pressure Treated Wood | <input type="checkbox"/> Naturally Durable Wood |

Date of Inspection: _____

I certify that on the date of the inspection:

- ☐ All elevated wood-framed and/or supported decks, balconies, landings, stairway systems, walkways, terraces, guardrails, handrails, or any parts thereof in weather-exposed areas at the subject building did not exhibit signs of deterioration, decay, corrosion or similar damage that could pose a safety concern and there was no evidence of active water intrusion in concealed spaces of the inspected elements.

- ☐ Corrective work is required ☐ Yes, it will need a permit ☐ No, no permit is required

Briefly describe work and locations:

If the box is checked indicating that corrective work is required, apply for a permit within 120 days of the date on this form, respond to plan check comments within 10 days of the date of the correction letter, obtain a building permit within 10 days of notification of plan approval and complete all work within 120 days of permit issuance.

If corrective work has been completed or is underway, please provide the permit number if a permit was approved:

Permit #: _____ **Date Issued:** _____

- ☐ Permit Finaled **Date:** _____ ☐ Permit still active

I certify that the above information is true and correct to the best of my professional knowledge.

Signature of Licensed Professional Printed Name Date