

PRINCE GEORGE'S COUNTY GOVERNMENT

DEPARTMENT OF PERMITTING, INSPECTIONS, AND ENFORCEMENT



THIRD PARTY REVIEW FOR FIRE PROTECTION SYSTEMS

APPLICATION PACKAGE

January 11, 2016

PRINCE GEORGE'S COUNTY GOVERNMENT

DEPARTMENT OF PERMITTING, INSPECTIONS, AND ENFORCEMENT

THIRD PARTY (FIRE PROTECTION SYSTEMS) PLAN REVIEW PROGRAM

Please complete this application package to apply for Third Party Plan Review Authorization. Submit completed application to the Homeowner & Mega Projects Suite:

Nawaf Esayed, P.E.
Department of Permitting, Inspections, and Enforcement
Permitting & Licensing
9400 Peppercom Place, Suite 230
Largo, Maryland 20774
Attn: Fire Protection Systems Third Party Plan Review Program

Program participants are required to notify DPIE of any material changes in the agency within 5 days. See Section III (B) of the Manual for additional information regarding changes to qualifications.

APPLICANT/BUSINESS INFORMATION

1. AGENCY NAME _____

2. TRADE NAME _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER () _____ - _____ FAX NUMBER () _____ - _____

EMAIL _____

3. PROFESSIONAL-IN-CHARGE _____

DISCIPLINE

____ FIRE ALARM

____ COMMERCIAL SPRINKLER (13, 13R)

____ STANDPIPE

____ RESIDENTIAL SPRINKLER (13D)

____ SPECIAL HAZARD SYSTEMS

____ WET/DRY CHEMICAL SYSTEMS

____ FIRE PUMP (REPAIR, REPLACEMENT, UPGRADE)

4. SIGNATURE _____

DATE _____

AGENCY QUALIFICATIONS

PROOF OF INSURANCE

Provide a copy of the agency's insurance policy clearly identifying a Minimum General Liability and Errors and Omissions Coverage for each occurrence in the amount of One Million Dollars (\$1,000,000), with Prince George's County, DPIE listed as additional insured. Please attach Certificate of Insurance to this application package.

CONFLICT OF INTEREST AFFIDAVIT

Provide a notarized sworn affidavit, signed by the Third Party Plan Review Agency, attesting that the Third Party Plan Review Agency, its Professional(s)-in-Charge, its Supervisory Plan Reviewer(s) if different from the Professional(s)-in-Charge and Plan Reviewers, will remain independent of conflict of interest in accordance with section IV (B) (1) of the Third Party Plan Review Manual.

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST (COI) POLICY

As a condition of performing plan review, the undersigned Professional-in-charge acknowledges that he/she has read and agrees to comply with section IV (B) (1) of the Third Party Plan Review Manual.

The undersigned declares:

1. There is no conflict of interest on his/her part or the part of its regular or contract employees.
2. Employees or contractors with conflicts will be disqualified from the review process.
3. Employees or contractors are aware that they must report any changes to their COI status to their supervisors as soon as the employees or contractors are aware of the changes.
4. The applicant will handle any complaint promptly and will resolve all cases where conflicts are suspected or proven.
5. Training is provided to all employees to ensure compliance with Applicant's written COI policies and procedures.
6. That the Professional-in-charge will not supervise or perform third party review for the following projects:
 - a. Projects in which the Professional-in-charge or any of his/her employees, subcontractors or agents has participated in the design, preparation of plans, or construction.
 - b. Projects involving owners, contractors or subcontractors in which the Professional-in-charge or any of his /her employees, subcontractors or agents has a substantial interest.

Date: ____ / ____ / ____

Professional-in-charge & Title (Print Legal Name): _____

Signature: _____

On this _____ day of _____, 20____, before me, the undersigned officer, a Notary Public in and for the State and County aforesaid, personally appeared _____, who acknowledged themselves to be _____, of _____, and as such authorized to do so, executed the foregoing instrument for the purposes therein contained by signing their name as _____ for said _____.

WITNESS my hand and Notary Seal

My commission expires: _____

Notary Public

Seen and approved: _____

PROFESSIONAL-IN-CHARGE QUALIFICATIONS

The Professional-in-Charge shall submit the following information for review by DPIE:

1. Statement of qualifications or resume indicating relevant work history
2. Copy of Professional Engineer's license
3. Driver's license
4. Complete the list below with the five most recent projects

PROJECT #1

NAME AND/OR ADDRESS OF PROJECT
OVERALL CONSTRUCTION VALUE
ROLE OF THE CONTRACT OR AGENCY IN THE PROJECT
NAME/TELEPHONE # OF CLIENT OR PROJECT OWNER

PROJECT #2

NAME AND/OR ADDRESS OF PROJECT
OVERALL CONSTRUCTION VALUE
ROLE OF THE CONTRACT OR AGENCY IN THE PROJECT
NAME/TELEPHONE # OF CLIENT OR PROJECT OWNER

PROJECT #3

NAME AND/OR ADDRESS OF PROJECT
OVERALL CONSTRUCTION VALUE
ROLE OF THE CONTRACT OR AGENCY IN THE PROJECT
NAME/TELEPHONE # OF CLIENT OR PROJECT OWNER

PROJECT #4

NAME AND/OR ADDRESS OF PROJECT
OVERALL CONSTRUCTION VALUE
ROLE OF THE CONTRACT OR AGENCY IN THE PROJECT
NAME/TELEPHONE # OF CLIENT OR PROJECT OWNER

PROJECT #5

NAME AND/OR ADDRESS OF PROJECT
OVERALL CONSTRUCTION VALUE
ROLE OF THE CONTRACT OR AGENCY IN THE PROJECT
NAME/TELEPHONE # OF CLIENT OR PROJECT OWNER

Note: Please attach a Statement of Qualifications for all salaried and/or contract employees supervising and/or performing plan review services.

THIRD PARTY REVIEW PROCESS MANAGEMENT

Provide a quality assurance plan that reviews the process for ensuring that the agency will perform contracted plan review, report non-conforming items to the attention of the owner/designer, and provide timely reports for each review or re-review, and submit a final signed report to DPIE. Attach additional sheets if necessary.