

# **Third Party Program Application**

Department of Planning & Development Review, Bureau of Permits and Inspections 900 East Broad Street, Room 108 Richmond, Virginia 23219

Office: (804) 646-4169

https://www.rva.gov/planning-development-review/permits-and-inspections

## **Application Submission Package**

Participation in the Third-Party Program requires certification for all program participants. The Third -Party Program Application submission package must be submitted electronically to <a href="mailto:Daniel.mouer@rva.gov">Daniel.mouer@rva.gov</a>

# Section A – Applicant/Business Information

Agency Name:				
		Suite/Room/Unit:		
City:				
Phone Number:	Cell Phone:	Fax Number:		
Email Address:	We	ebsite:		
		n:		
		te:		
Section B – Third Par Please complete the following section a	ty Program Staff and attach PDF documentation detailing each ind	lividual's qualifications and relevant experience.		
Name:	PE/A	PE/ARC/MCP Number:		
Name:	PE/A	PE/ARC/MCP Number:		
Certification(s):				
Name:	PE/A	PE/ARC/MCP Number:		
Name:	PE/A	RC/MCP Number:		
Position:				

# $Section \ B-Third \ Party \ Program \ Staff \ (continued)$

Name:	PE/ARC/MCP Number:
Position:	
	PE/ARC/MCP Number:
Position:	
Certification(s):	
Name:	PE/ARC/MCP Number:
Name:	PE/ARC/MCP Number:
Position:	
Certification(s):	
	DE/ADC/ACD N1
Name:	PE/ARC/MCP Number:
	PE/ARC/MCP Number:
Position:	
Position: Certification(s):  Section C – Quality Assurance Pla Provide a quality assurance plan, which incl will perform a minimum random 10% samp non-conforming or deficient items to the att	

### Section D – Conflict of Interest Affidavit

Provide a notarized affidavit, signed by the Inspection Agency, attesting that the Third-Party Program Agency, Professional(s)-in-Charge, Supervisory Inspector(s) (if different from the Professional(s)-in-Charge), and its inspectors shall while performing duties related to the City of Richmond Third Party Inspection Program and except as related specifically to the Third-Party Program. Submit affidavit with this application package.

#### Section E – Proof of Insurance

Submit 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 this application package.

Section F – Agency Qualifications						
Provide a brief stat	tement of the agency's	qualifications and	background. Attach additional sheets if	f necessary.		
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			R OFFICIAL USE ONLY			
Received By:		Received Date:	Review Date:			
Approved	Notification Date:		Certification Number:			
☐ Disapproved	Notification Date:		Certification Number:			
Additional Informat						
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### **NOTICE OF NON-DISCRIMINATION:**

The City of Richmond is an equal opportunity entity. We are firmly committed to non-discrimination and equal opportunities for all applicants. Approval and/or disapproval decisions are made solely on the basis of occupational qualifications.