





# NOTICE OF INTENT TO USE THIRD PARTY PLAN REVIEW AGENCY

## SECTION D - ACKNOWLEDGMENTS

By signing below the Permit Applicant, the Third Party Plan Review Agency and its Professional-in-Charge, agree to comply with the third party plan review procedures, responsibilities and requirements set forth therein, and other conditions that may be specified by the Code Official.

I have read and agree to comply with the terms and conditions of this agreement.

### APPLICANT:

Applicant Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Title of Signatory \_\_\_\_\_ Date \_\_\_\_\_

### PROFESSIONAL-IN-CHARGE OF PRIMARY THIRD PARTY PLAN REVIEW AGENCY:

Name \_\_\_\_\_

Signature \_\_\_\_\_

PE/ Architect License No. of Signatory \_\_\_\_\_ Date \_\_\_\_\_

### THIRD PARTY PLAN REVIEW AGENCY:

Name \_\_\_\_\_

Signature \_\_\_\_\_

Title of Signatory \_\_\_\_\_ Date \_\_\_\_\_

CITY OF RICHMOND - FOR OFFICIAL USE ONLY	
ACCEPTED BY:	
ACCEPTED BY:	
SIGNATURE:	
TITLE:	DATE:
NOA CERTIFICATION NUMBER:	
NOTES:	