Exterior Elevated Elements (E3)
Private Property Inspection Form

This certification must be completed by a licensed professional. Email the completed form to your Campus Real Estate Office.

PROPERTY INFORMATION:

Building Address:_____

Year Built _____   Number of Units_____

Property Owner Name(s):_____   Email:_____

LICENSED PROFESSIONAL INFORMATION:

Type of professional:

☐ California General Contractor ("A", "B", or "C-5")   ☐ California licensed architect

☐ California licensed civil or structural engineer   ☐ Certified building inspector or building official

Name of Licensed Professional: _____Company:_____

Mailing Address:_____

License #:_____   Phone #:_____   E-mail:_____

Building Type: (Select one)

☐ Apartment House   ☐ Congregate/Boarding/Dormitory/Fraternity/Sorority

☐ Other (Such as Faculty housing, Condominium, Clubhouse)

VERIFICATION BY LICENSED PROFESSIONAL:

☐ Wood-framed exterior elements elevated more than six feet above adjacent grade **EXIST** at the subject building. Check all that apply

Elements:

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

At the time of my inspection on _____,

☐ All elevated wood-framed 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.

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 required:

Permit #_____ ☐ Yes received final inspection ☐ Not finalized.

_____   _____

Signature of Licensed Professional indicated above   Date Signed