

DC Department of Buildings

**Proactive Inspection Program | Inspection Consent Form**

Tenant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

(check one) DOB \_\_\_\_\_ **has** \_\_\_\_\_ **does not** have my permission to enter my unit, at the address listed above, for the purpose of conducting an inspection, and if necessary a re-inspection of the unit, to determine whether the condition of my unit complies with the District of Columbia's construction and housing codes.

Signed: \_\_\_\_\_  
Tenant Date

If I am not present for an inspection of my unit, I give the following individual(s) permission to admit DOB's inspectors into my unit to conduct the inspection.

\_\_\_\_\_  
Print Name of Owner or Owner's Agent

**Any questions related to the inspection should be directed to  
DOB's Proactive Inspection Program at 202.481.3393.**