

APPENDIX C

APPLICATION FOR APPROVAL OF A CERTIFIED REVIEWER

NAME:	DATE OF APPLICATION:
ADDRESS:	CITY:
STATE::	ZIP CODE:

APPLICANT INFORMATION

NAME:	PROFESSIONAL LICENSE/CERTIFICATION:
PHONE:	FAX:
CELL PHONE:	E-MAIL ADDRESS:

**THE FOLLOWING MUST BE SUBMITTED WITH THE APPLICATION:**

- Resume
- Copy of driver's license
- Copy of the State of Maryland professional license

**Note: Applicants are required to inform I & P of any change in employment, address and contact information within 30 days of the effective date of the change.**

## PROJECT HISTORY REPORT

Provide information as requested about Applicant's five most recent projects:

### PROJECT #1

NAME AND/OR ADDRESS OF PROJECT
OVERALL CONSTRUCTION VALUE
ROLE OF THE APPLICANT IN THE PROJECT
NAME/TELEPHONE# OR E-MAIL# OF CLIENT OR PROJECT OWNER

### PROJECT #2

NAME AND/OR ADDRESS OF PROJECT
OVERALL CONSTRUCTION VALUE
ROLE OF THE APPLICANT IN THE PROJECT
NAME/TELEPHONE# OR E-MAIL# OF CLIENT OR PROJECT OWNER

### PROJECT #3

NAME AND/OR ADDRESS OF PROJECT
OVERALL CONSTRUCTION VALUE
ROLE OF THE APPLICANT IN THE PROJECT
NAME/TELEPHONE# OR E-MAIL# OF CLIENT OR PROJECT OWNER

### PROJECT #4

NAME AND/OR ADDRESS OF PROJECT
OVERALL CONSTRUCTION VALUE
ROLE OF THE APPLICANT IN THE PROJECT
NAME/TELEPHONE# OR E-MAIL# OF CLIENT OR PROJECT OWNER

### PROJECT #5

NAME AND/OR ADDRESS OF PROJECT
OVERALL CONSTRUCTION VALUE
ROLE OF THE APPLICANT IN THE PROJECT
NAME/TELEPHONE# OR E-MAIL# OF CLIENT OR PROJECT OWNER

**STATEMENT BY APPLICANT FOR  
APPROVAL AS A CERTIFIED REVIEWER**

I, \_\_\_\_\_,

Declare, upon personal knowledge and subject to the penalties of perjury under State law, that the information contained in this application and in its supporting documentation is true, correct and complete. I also declare that I agree to abide by the conditions of the Expedited Review Program as set forth in the published policies and procedures, and quality control methods:

\_\_\_\_\_

signature

\_\_\_\_\_

date

**CRIMINAL PENALTIES FOR MAKING FALSE STATEMENTS**

Any person convicted of committing perjury is subject to the criminal penalties set forth in the Criminal Law Article of the Annotated Code of Maryland, which includes imprisonment not exceeding 10 years.

**ATTACHED DOCUMENTS** *(Check box for attached documents)*

- Copies of Applicant's professional license(s), certification(s) and driver's license
- Indemnification and Acknowledgement by Certified Reviewer Applicant
- Acknowledgement of Conflict of Interest Policy for Certified Reviewer Applicant

**APPENDIX D**

**INDEMNIFICATION AND ACKNOWLEDGEMENT BY CERTIFIED REVIEWER**

This indemnification and acknowledgement is executed by the undersigned as consideration for approval as a Certified Reviewer (CR) to perform plan review services for development projects in Anne Arundel County. The undersigned acknowledges that this document will remain on file with the County and will apply to all projects for which the undersigned is retained to perform plan review services.

**1. Indemnification:** The undersigned CR does hereby covenant and agree to waive all claims, release, indemnify, defend, and hold harmless the County and any and all of its officials, officers, agents, and employees in both their public and private capacities from any and all liability, claims, suits, demands, or causes of action including all expenses of litigation and/or settlement that may arise by reason of injury or death or debt of any person, or for loss of, damage to, or loss of use of any property resulting from the undersigned's negligent acts or omissions or the negligent acts or omissions of the undersigned's employees, agents or subcontractors relating to the performance of Expedited Review plan review services for development projects in Anne Arundel County. This indemnification is applicable to the extent that the CR is responsible for such damages, liabilities and costs on a comparative basis of fault and responsibility between the CR and the County. Neither the County nor the CR shall be obligated to indemnify the other party in any manner whatsoever for the other party's own sole and partial negligence.

**2. Not Employee or Subcontractor of County:** The undersigned acknowledges that he or she will contract directly with the owner or contractor for performance of plan review services on terms approved by the parties. The undersigned and the officers, agents, employees and subcontractors of the undersigned shall not be deemed officers, agents, employees or subcontractors of the County. The County shall have no liability to the undersigned or to any person retained by the undersigned, including but not limited to, liability for payment for services.

Certified Reviewer: \_\_\_\_\_

*(Print Full Legal Name of Individual)*

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

**APPENDIX E**

**ACKNOWLEDGEMENT OF CONFLICT OF INTEREST (COI) POLICY**

As a condition of performing plan review, the undersigned Certified Reviewer acknowledges that he/she has read and agrees to comply with the Conflict of Interest policy of the Expedited Review Program.

The undersigned declares that:

1. There is no conflict of interest on his/her part or the part of its regular or contract employees, consistent with the limitations on conflicts of interest imposed on County employees by § 7-5-101 of the County Code.
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. COI training is provided to all employees to ensure compliance with Applicants' written COI policies and procedures.
6. Certified Reviewers will not supervise, perform Expedited Reviews, or continue in an Expedited Review for the following projects:
  - A. Projects or business entities in which the CR, or any of his/her employees, subcontractors or agents has an interest, participated in the design, preparation of plans or construction.
  - B. Projects or business entities involving owners, contractors or subcontractors in which the CR or any of his /her employers, employees, subcontractors or agents has an interest. "Interest" includes the Certified Reviewer or their employers or employees performing any other work for an owner or consultant who engages the Certified Reviewer to conduct an Expedited Review.
7. Certified Reviewer and his/her employer will not engage in the design, construction, inspection, or sale of properties or structures for which he/she is performing Expedited Review services.

Certified Reviewer (print legal name) \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Department of Inspections and Permits, Attention: John Igbinovia, [ipigbi00@aacounty.org](mailto:ipigbi00@aacounty.org)

**APPENDIX F**

**NOTIFICATION OF INTENT TO USE  
EXPEDITED REVIEW PROGRAM**

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The purpose of this Notification is to advise the Department of Inspections and Permits of the owner's/developer's intention to utilize Expedited Review Program for the following project:

**PROJECT INFORMATION**

Date: \_\_\_\_\_

1. Project Name:

\_\_\_\_\_

2. Project Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Project Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Design Engineering Firm(s): \_\_\_\_\_

**OWNER/DEVELOPER INFORMATION**

1. Owner/Developer

Name: \_\_\_\_\_

2. Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_

3. Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

## INSTRUCTIONS

1. Complete and submit this Notice to the Department of Inspections and Permits, with a copy to the Office of Planning and Zoning, both located at 2664 Riva Road, Annapolis, Maryland 21401 with your initial submission of project plans.
2. I & P shall notify you with a list of available Certified Reviewers that may be used for the Expedited Review of your project.
3. Ensure that all initial submissions include all items required by the application checklists found under the tab for the Office of Planning and Zonings on the County website. When the Expedited Review is completed, the Certified Reviewer should deliver the following documents to the owner/developer or the owner/developer's representative :
  - a. Certified Reviewer Approval Letter;
  - b. Certification by Certified Reviewer.
4. The process for Expedited Review is set forth in the Expedited Review Program Manual, also found under the tab for the Office of Planning and Zonings on the County website the County website.
5. Arrangements between certified Reviewers and owners are private contractual relationships and Anne Arundel County is not a party to any such contract.

**APPENDIX G**

**CERTIFICATION BY CERTIFIED REVIEWER**

I, \_\_\_\_\_,

Certify that I performed an Expedited Review of the project known as \_\_\_\_\_ for compliance with County and State development requirements and applicable County checklists. I certify that the reviewed project, in my professional opinion, does satisfy all applicable County and State development requirements within the scope of my review and recommend same for final approval by Anne Arundel County. My professional seal is affixed hereto as verification that I conducted my Expedited Review pursuant to applicable professional standards and without any conflict of interest and does not constitute a verification or assumption of the underlying work and nothing herein supersedes or replaces the signature and seal of the design engineer. All completed and verified checklists are attached hereto.

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Certified Reviewer Signature

Date

**ATTACHED DOCUMENTS** *(Check box for attached documents)*

- Completed and verified checklists
- Comments letters and verified responses



**APPENDIX H**  
**CERTIFIED REVIEWER APPROVAL LETTER**

[Date]

Director  
Department of Inspections and Permits  
2664 Riva Road  
Annapolis, Maryland 21401

Re: Expedited Review Plan Certification  
[Project Name and Number]  
[Property Address]  
[Owner/Developer}

Dear \_\_\_\_\_:

In the professional opinion of the undersigned Certified Reviewer, the Owner's project consultant has complied with all County checklist items for the requested level of review and has successfully demonstrated compliance with all applicable County and State requirements. All comments generated during the Expedited Review process have been satisfied. The Expedited Review Program plan review is now completed. Please note that the scope of this certification is restricted to the approval of the engineered water and sewer, road, storm drain, stormwater management or grading plans for compliance with State and County law. A completed Certification is attached hereto.

The Expedited Review of this project should not be construed as due diligence approval of the design of the systems or features, which were reviewed only for consistency with the standard engineering practices and for compliance with the minimum requirements of the codes and regulations enforced by Anne Arundel County. This certification is not intended to be a certification of any portion of the design of the project, which is the sole responsibility of the various design professionals of record who sealed and signed the submitted plans as required by County Code.

Accordingly, plan approval for the engineered plans reviewed is hereby recommended and the Department's approval is requested.

Sincerely,

[Certified Reviewer]