COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
“To Enrich Lives Through Effective and Caring Service”
BUILDING AND SAFETY DIVISION
900 SOUTH FREMONT AVENUE
ALHAMBRA, CALIFORNIA  91803-1331
Telephone: (626) 458-3173
http://dpw.lacounty.gov/bsd

FORM 5.410 – VERIFICATION

This form is required for newly constructed buildings 10,000 square feet and more. This form shall demonstrate the commissioning measures identified below have been completed by the Owner. This form must be completed and provided to the inspector prior to permit final.

PROJECT INFORMATION

OWNER: ____________________________  COMMISSIONING AGENT: ____________________________
ADDRESS: ____________________________  CITY: ____________________________  ZIP: __________

STATEMENTS OF COMPLIANCE

In accordance with Title 31 Section 5.410.2.4, Owner certifies receipt of functional performance testing reports demonstrating the correct installation and operation of each component, system, and system-to-system interface in accordance with the approved plans and specifications.

In accordance with Title 31 Section 5.410.2.5, Owner certifies Systems Operation Training for appropriate maintenance staff has been completed and receipt of a Systems Manual that documenting the operational aspects of the building and includes the following:

☐ Site information  ☐ Site equipment inventory and maintenance notes
☐ Site contact information  ☐ Copy of all inspection verifications
☐ Basic operations and maintenance  ☐ Other pertinent resources and documentation
☐ Major systems

In accordance with Title 31 Section 5.410.2.6, Owner certifies receipt of a Commissioning Report documenting the commissioning process activities undertaken through the design and construction phases of the building.

Owner hereby states that the above required measures have been completed to the extent described in the County of Los Angeles Green Building Standards Code Title 31.

OWNER: ____________________________
(Signature)  (DATE)

REFERENCE

PLAN CHECK NO: ____________________________  DISTRICT OFFICE: ____________________________