City of Rockville
Department of Planning and Community Services
Inspection Services Division
111 Maryland Ave. • Rockville, MD 20850-2364 • 240-314-8240

Inspection Date 4-24-08
Page 1 of 1
Case # BLD2008-13988

Inspection Report

	PROPERTY LOCATION
PLEASE PRINT CLEARLY OR TYPE	NUMBER, STREET, CITY, STATE, ZIP: 18/20 W. MONTGOMERY AVE

	NAME	MAILING ADDRESS — IF DIFFERENT FROM ABOVE	TELEPHONE NUMBER
TENANT'S NAME	LAST		WORK
	FIRST		HOME
PROPERTY OWNER	LAST 18 W. MONTGOMERY AVE LLC.		WORK
	FIRST		HOME

ITEM #	VIOLATIONS-CORRECTIONS
1	THIS BUILDING HAS BEEN DECLARED DANGEROUS AND UNSAFE UNDER CHAPTER 5, ARTICLE IV, SECTION 5-46, PARAGRAPHS 1, 2, AND 3 AND SECTION 5-47.
2	DUE TO FINDINGS OF, BUT NOT LIMITED TO, FOUNDATION WALL MOVEMENT (DIFFERENTIAL SETTLEMENT & ROTATION), DETERIORATION, AND POINT-LOAD FAILURE. FRAMED FLOOR & WALL DETERIORATED BEARING AND STABILIZATION (SILL PLATES, BAND BOARDS, RIM JOISTS). BRICK VENEER STABILIZATION COMPROMISED.
3	THE WORK IN THE FIELD HAS PROGRESSED BEYOND THE SCOPE OF YOUR PERMIT AND THE PLANS DO NOT REFLECT THE TRUE SITE CONDITIONS.
4	STRUCTURAL DEFICIENCIES HAVE BEEN NOTED, REQUIRING EVALUATION BY A STRUCTURAL ENGINEER LICENSED IN THE STATE OF MARYLAND.
5	YOU SHALL VACATE THE BUILDING & SUBMIT A DETAILED COMPREHENSIVE ENGINEERING ANALYSIS OF THE ENTIRE STRUCTURE FOR REVIEW. YOU MAY ENTER THE BUILDING AFTER AN ANALYSIS IS SUBMITTED, REVIEWED, & ACCEPTED
6	FOR ADDITIONAL INFORMATION YOU MAY CONTACT INSPECTION SERVICES.

NOTICE: All violations and or corrections must be made prior to the re-inspection date shown below. FAILURE TO CORRECT ALL VIOLATIONS MAY RESULT IN LEGAL ACTION AND/OR FINES TO GAIN COMPLIANCE WITH THE ROCKVILLE CITY CODE. To schedule a re-inspection call 240-314-5040. Note: Inspectors cannot reschedule inspections.

Type of Inspection: ☐ Occupancy ☐ Complaint ☐ License ☐ Fire Safety ☒ OTHER STOP WORK

Inspection Results: ☐ Approved ☐ Disapproved ☐ Contingent (see conditions listed above)

Re-Inspection Date: ____ Re-Inspecting Officials Initials: ____

Violations Corrected: ☐ Yes ☐ No Outstanding Items #: ____

Person signing is: ☐ Owner ☐ Tenant ☐ Manager ☐ Contractor ☐ Other ____

Signature of Person Receiving Notice: ____

Date ____ Daytime Phone Number ____

Issuing Official: [signature] ID# 5739

WHITE COPY – Inspection YELLOW COPY – Inspector PINK COPY – Person Receiving Notice