



pennsylvania

DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF OCCUPATIONAL & INDUSTRIAL SAFETY

Date: _____

ACCESSIBILITY CERTIFICATION DISCLOSURE STATEMENT

Accessibility Certification Disclosure	<p>By signing this form, I affirm that the municipality named below does not employ any person who holds UCC certification as an Accessibility Inspector/Plans Examiner and that the municipality has not retained (contracted with) a certified third party agency that has an employee credentialed to perform this work.</p> <p>I agree to provide this signed statement to any building permit applicants that will need to secure accessibility approvals from the Department. I also agree that I will only issue UCC building permits and certificates of occupancy after I have received proof that the applicant has an accessibility plan approval or an inspection from the Department, indicating that the work has satisfied all UCC accessibility requirements.</p> <p>_____</p> <p>Building Code Official Name (Print or type)</p> <p><i>JDEC</i></p> <p>_____</p> <p>Building Code Official Signature</p> <p>_____</p> <p>Date Signed</p>
Municipal Information	<p>Name of Municipality: _____ Phone _____</p> <p>Type: <input type="checkbox"/> Borough <input type="checkbox"/> City <input type="checkbox"/> Municipality (Home Rule) <input type="checkbox"/> Township</p> <p>Address _____</p> <p>_____</p> <p>City _____ State _____</p> <p>Zip Code _____ County _____</p>

Department of Labor & Industry | Bureau of Occupational & Industrial Safety | Building Plan Review Division
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*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*