




pennsylvania

DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF OCCUPATIONAL & INDUSTRIAL SAFETY

Date: _____

ACCESSIBILITY CERTIFICATION DISCLOSURE STATEMENT

<p>Accessibility Certification Disclosure</p>	<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 style="text-align: center;"> <u>MICHAEL E. Mc ANDREW</u> Building Code Official Name (Print or type) </p> <p style="text-align: center;">  <u>Michael E. McAndrew</u> Building Code Official Signature </p> <p style="text-align: right;"> <u>13 AUGUST 2019</u> Date Signed </p>
<p>Municipal Information</p>	<p>Name of Municipality: <u>WHITPAW TOWNSHIP</u> Phone <u>610 277-2400</u></p> <p>Type: <input type="checkbox"/> Borough <input type="checkbox"/> City <input type="checkbox"/> Municipality (Home Rule) <input checked="" type="checkbox"/> Township</p> <p>Address <u>960 WENTZ ROAD</u></p> <p>City <u>BLUE BELL</u> State <u>PA.</u></p> <p>Zip Code <u>19422</u> County <u>MONTGOMERY</u></p>