pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF OCCUPATIONAL & INDUSTRIAL SAFETY

Uniform Construction Code
DEFICIENCY REPORT

Building Name: _____

Street Address: _____

City: _____ Zip Code: _____

Political Subdivision: _____ County: _____

Building Permit #: _____

Report mailed to: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

The items listed below (and on any accompanying pages) have been inspected and found to be in violation of the Uniform Construction Code. These items must be corrected before work is concealed and before a certificate of occupancy can be issued for the building.

Code/section	Deficiency

Inspector
Name _____ Certification # _____
Signature _____
Phone Number (_____) _____ — _____

Page_____ **of** _____

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program