



Date: \_\_\_\_\_

**A8**

### ACCESSIBILITY CERTIFICATION DISCLOSURE STATEMENT

**Accessibility  
Certification  
Disclosure**

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.

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.

MICHAEL E. MC ANDREW

Building Code Official Name  
(printed or typed)

Michael E. Mc Andrew

Building Code Official Signature

12 / 1 / 2016

Date Signed

**Municipal  
Information**

Name of Municipality

WHITPAIN TOWNSHIP

Type:  Borough

City

Municipality (Home Rule)

Township

Address

960 WENTZ ROAD

City

BLUE BELL

State PA

Zip Code

19422

County

MONTGOMERY

Phone

(610)

277 - 2400