



DEPUTY CORRECTION NOTICE
REGISTERED DEPUTY BUILDING INSPECTION

PERMIT NO.: _____

JOB ADDRESS: _____

JOB DESCRIPTION: _____

AREA INSPECTED: _____ TYPE OF INSPECTION: _____

DEPUTY INSPECTOR: _____ LAB: _____

NOTICE DELIVERED TO: _____ DATE: _____ TIME: _____

Make the following corrections and secure inspection approval prior to proceeding with this phase of the work:

Signed

Registered Deputy Building Inspector

DO NOT REMOVE THIS NOTICE

Sign Language Interpreters, Communication Access Real-Time Transcription, Assistive Listening Devices, or other auxiliary aids and/or services may be provided upon request. To ensure availability, you are advised to make your request at least 72 hours prior to the meeting you wish to attend. Due to difficulties in securing Sign Language Interpreters, five or more business days notice is strongly recommended.