



# *Lower Saucon Township*

## **Third Party Inspection NOTICE OF INTENT TO INSPECT**

**Name of Agency:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Applicant Address:** \_\_\_\_\_

**Location of Construction:** \_\_\_\_\_ **Tax Parcel Number:** \_\_\_\_\_

**Type of Construction Requiring Inspection:** \_\_\_\_\_

I (we) hereby certify that the above referenced project will be inspected and approved to meet all applicable standards of Act 45 of 1999 (Uniform Construction Code) as amended.

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Agency Representative)

\_\_\_\_\_  
(Date)