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

# NOTIFICATION OF CHANGE IN BUILDING CODE OFFICIAL OR NOTIFICATION OF ADDITION TO MULTIPLE BUILDING CODE OFFICIALS

Municipalities are required to notify the Department of Labor and Industry within 30 days of a change in or addition of the person designated to serve as their new Building Code Official (BCO). The person designated must be currently certified as a Building Code Official and must be either an employee of the municipality, COG, or an employee of a currently certified third-party agency. Instructions for using this form are on page 2.

Please provide all the following information in the respective box when a BCO change has occurred or when a municipality has appointed a second or third BCO. ***Municipal Official signature below is required for approval.***

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| ***CHANGE OF BCO***<br><br>Use this box when a BCO has been replaced. | Name of Municipality _____ County _____<br>Name of Previous BCO Patrick Duffy Cert # 6503<br>Name of New BCO Keith Reiser Cert # 5331<br>Name of Third-Party Agency (if applicable) Middle Department Inspection Agency Inc Cert # A22<br>Mailing Address (Where information and mail should be sent) _____<br>City _____ State PA Zip Code _____<br>Telephone _____ Email _____<br>Effective Date of Change _____<br>This change submitted by (print name) _____ Job Title _____ |
| ***ADD A BCO TO A MULTIPLE BCO MUNICIPALITY***<br><br>Use this box when increasing BCOs to two or more. | Name of Municipality _____ County _____<br>Name of Current Appointed BCO _____ Cert # _____<br>Name of Second Current Appointed BCO *(if applicable)* _____ Cert # _____<br>Name of Additional BCO _____ Cert # _____<br>Name of Third-Party Agency (if applicable) _____ Cert # _____<br>Mailing Address (Where information and mail should be sent) _____<br>City _____ State PA Zip Code _____<br>Telephone _____ Email _____<br>Effective Date of Additional BCO _____<br>This change submitted by (print name) _____ Job Title _____ |

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

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| ***Municipal Official Approval*** | Municipal Official Signature Authorization _____<br><br>Print Name _____ Date _____<br><br>Telephone _____ Email _____<br><br>#BCOs now serving Municipality _____ |
| ***Filing Requirements*** | Effective immediately, all changes or additions of BCOs require this form to be signed, printed and dated by an elected municipal official. Failure to provide this required official authorization will void this transaction and the form will not be processed.<br><br>Use the first section to change the currently appointed BCO for the municipality. Provide the name of the replaced BCO and the name of the newly appointed BCO. If the municipality is served by more than one BCO, indicate the total number of BCOs serving the municipality after this change.<br><br>Use the second section to increase the number of BCOs currently serving the municipality. Provide the name(s) of the current BCO(s) and the name of the newly added BCO(s). Indicate the total number of BCOs serving the municipality after this increase.<br><br>**The form must be signed by the Municipal Official who is authorizing the BCO change/addition. Contact information for the Municipal Official must also be listed on the form so that necessary corrections can be communicated in a timely manner to the correct individual**<br><br>Please fill in all information requested above and either fax this form to (717) 705-0196, email it to UCCBOIS@pa.gov, or mail it to:<br><br>UCC Certification Unit<br>Department of Labor & Industry<br>651 Boas Street, Room 1623<br>Harrisburg, PA 17121-0750<br><br>If code enforcement services are obtained from a third-party agency, it is important to provide the name of the person at that agency who holds a UCC credential as a BCO and who will act in that capacity for the municipality as the new BCO or as an additional BCO. |