



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