



UCC Experience Form

Specifically designed for to identify commonalities and assist in mediation between members of the YCBA and York County Municipalities

Submitted By: _____ Company/Municipality: _____

Municipality Information

Name: _____ Title: _____

Address: _____

Phone: _____ Fax: _____

Contractor Information

Contact Name: _____ Phone Number: _____

Company: _____

Name of Project: _____

Address of Project: _____

Permit Number: _____ Type of permit/drawing/other: _____

Type of Experience

(check all that apply)

Date of Experience: _____

- Plan Review
- Permit Application
- Code Interpretation
- Permit/Inspection Fees
- Inspection
- Other _____

