

Payment for Meeting or Hearing is due at time of application. Checks shall be made payable to Donegal-Elizabethtown Area Appeals Board. PLEASE DO NOT MAKE THE CHECK PAYABLE TO THE MUNICIPALITY AS IT CANNOT BE ACCEPTED.

APPLICATION OF APPEAL
UNIFORM CONSTRUCTION CODE APPEALS BOARD

Appellant:

Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone/ Fax/Email: _____

Relationship to Property Owner: _____

Property Owner:

Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone/ Fax/Email: _____

Property Location:

Address: _____

City, State, Zip: _____

Municipality: _____

Appeal Method:

(*check one*)

Appeals Meeting _____

Appeals Hearing _____

Check all that apply:

_____ Request for Variance

_____ Extension of time

_____ Appeal from Determination of Building Code Official or Construction Code Official

-----Office Use Only-----
Date Submitted _____ Case Number _____
Fee _____ Permit Number _____
Received By _____

ICC Code for which appeal is requested:

(list applicable code section(s) behind code and attach copy of the text of the code)

_____ International Building Code _____

_____ International Residential Code _____

_____ International Existing Building Code _____

_____ International Fire Code _____

_____ International Mechanical Code _____

_____ International Plumbing Code _____

_____ International Fuel Gas Code _____

_____ International Property Maintenance Code _____

_____ International Energy Conservation Code _____

_____ International Urban-Wildland Interface Code _____

_____ ICC Electrical Code _____

1. Identify all grounds of hardship or unreasonableness supporting a request for variance:

2. Identify all alternate forms of construction proposed in place which Appellant requests a variance:

3. Identify all safety considerations and how Appellant will address such safety considerations:

4. Identify compensatory features that will provide an equivalent degree of protection under the Uniform Construction Code:

5. Please complete all of the following if this is an appeal from a decision of the Building Code Official or Construction Code Official.

A. Identify the decision of the Building Code Official or Construction Code Official from which the appeal is taken. If the decision is in writing, attach six copies of the decision:

B. State all grounds for this appeal:

6. If Appellant is requesting an extension of time, please complete the following:

A. Identify the precise nature of the extension of time requested including the date by which the action was to have been taken and the length of the requested extension of time:

B. Identify all grounds of hardship or unreasonableness in support of the request for an extension of time:

C. Identify all efforts being made to come into compliance as quickly as possible:

D. Identify all safety issues and how safety issues will be addressed:

7. Attach six (6) copies of any plans prepared to support this appeal.

8. This appeal is not complete until the fee established for such appeals by ordinance or resolution of the governing body of the subject municipality has been paid by Appellant and all information required by this appeal has been furnished. In making this appeal, the Appellant agrees to pay all fees required by the fee schedule adopted by the governing body of the subject municipality by ordinance or resolution in effect on the date of the appeal.

I hereby authorize the Elizabethtown- Donegal Area Uniform Construction Code Appeals Board and municipal officials to view and inspect the property which is the subject of this Application at any time during the pendency of this Application and the construction related thereto.

By signing this Appeal, I, the Appellant, do hereby verify that I have reviewed and understand the statements made in this Appeal and that all such statements are true and correct to the best of my knowledge, information and belief. These statements are being given by me to induce official action on the part of the Donegal-Elizabethtown Area Appeals Board, and I understand that any false statements made herein are being made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

I understand that the Donegal-Elizabethtown Area Appeals Board will consider this appeal in accordance with the regulations of the Pennsylvania Department of Labor and Industry at 34 Pa. Code §403.121 et seq., and the subject municipality's ordinance. I acknowledge that if I do not specifically make a request for a hearing, the Appeals Board is not required to hold a hearing and may decide this appeal by reviewing written submissions which I have made at a meeting.

Date: _____
(Signature of Appellant; show capacity if Appellant is a partnership or a corporation)

(If the Appeal is being made by a person other than the property owner, attach a written authorization from the owner consenting to the Appeal and designating you as his agent.)

WITNESS REGISTRATION PAGE

Witness Name: _____

Company: _____

Phone/Fax/Email: _____

Relationship to Property Owner (circle one):

Architect Engineer Contractor Lawyer Other

Witness Name: _____

Company: _____

Phone/Fax/Email: _____

Relationship to Property Owner (circle one):

Architect Engineer Contractor Lawyer Other

Witness Name: _____

Company: _____

Phone/Fax: _____

Relationship to Property Owner (circle one):

Architect Engineer Contractor Lawyer Other

Witness Name: _____

Company : _____

Phone/Fax/Email: _____

Relationship to Property Owner (circle one):

Architect Engineer Contractor Lawyer Other