



Uniform Construction Code (UCC)
BUILDING CODE APPEALS BOARD
APPLICATION FOR REVIEW

This Application for Review may be used to file an appeal, request an extension of time, or request a variance(s). Appeals relating to accessibility must be filed with the Accessibility Board of Labor & Industry.

SECTION 1 - CONSTRUCTION SITE

Building Permit #	
Street # and Name	
City, State, and ZIP	
Municipality	

SECTION 2 - APPLICANT (CONTACT PERSON)

Contact Person	
Company Name	
Street # and Name	
City, State, and ZIP	
Telephone	
Fax	
Email	

SECTION 3 - APPLICATION FOR APPEAL OF BUILDING CODE OFFICIAL (BCO) DECISION

BCO Name

Date of Decision

You must include a copy of the BCO's written decision with this Application for Review.BCO Contact Person
(if different than
BCO)

Telephone

Fax

Email

Check which of the following form the basis of your appeal:

- ☐ The true intent of the Pennsylvania Construction Code (PCCA) or the UCC was incorrectly interpreted.
- ☐ The provisions of the PCCA do not apply to this construction.
- ☐ An equivalent form of construction was proposed for use.

Detail the grounds for appealing this decision, citing provisions of the PCCA or the UCC, or explaining how your proposed construction would be equivalent to that specified in the UCC. If additional space is required, please attach additional 8.5x11 pages.

SECTION 4 - APPLICATION FOR EXTENSION OF TIME REQUEST

You must include a copy of the BCO's written order containing the compliance deadline with this Application for Review.

Compliance Date
Requested for Time
Extension

Detail the reasons for the request. If additional space is required, please attach additional 8.5x11 pages.

SECTION 5 - REQUEST FOR VARIANCE(S)

You must include a copy of the BCO's written code compliance deficiency notification with this Application for Review.

Provide **ALL** of the following information **for each variance requested**. Failure to provide sufficient information will result in the return of your variance request(s) and delay the Board's consideration of your request(s). If additional space is required, please attach additional 8.5x11 pages.

1. Specify the particular code and the sections of the code, or any referenced standard mentioned in the specified sections.

2. Indicate on your plans what portions of the building will be affected by the variance request.

3. Detail what your alternative approach entails and any compensatory measures.

4. State the reasons for the requested variance, including why the strict letter of the code is impractical, how the variance would satisfy the code's interest, and why the modification would not lessen health, life, and fire safety or structural requirements in the listed code section(s). (if additional space is required, please attached 8.5x11 pages.

SECTION 6 - SIGNATURES

My/our signature(s) below certify that all of the above information and statements, as well as any other documents or information submitted with and made a part of this Application for Review, are true and correct to the best of my/our information, knowledge, and belief.

☐ **CHECK HERE if you are requesting an in-person hearing.**

Applicant(s)

(Signature)

(Date)

(Signature)

(Date)

Property Owner(s) (if different from Applicant)

(Signature)

(Date)

(Signature)

(Date)

CAPCOG USE ONLY

File No: _____ Date Filed: _____