

COG Use Only

File No. _____ Date Filed _____

Capital Region Council of Governments
Uniform Construction Code (UCC)

BUILDING CODE APPEALS BOARD APPLICATION

This form may be used to file an appeal, an extension of time, or request for variance(s). Appeals relating to accessibility must be filed with the Accessibility Advisory Board of Labor & Industry, not the CAPCOG.

Please **type** or **print legibly** all requested information.

Section 1 - Construction Site

Building Permit Number _____
Street No. and Name _____
City, State, and Zip Code _____
Municipality _____

Section 2 - Applicant (Contact Person)

Contact Person _____
Company Name _____
Street No. and Name _____
City, State, and Zip Code _____
Telephone No. _____ FAX No. _____
Email Address: _____

Section 3 - Application for Appeal of Building Code Official (BCO) Decision

BCO Name _____ Date of Decision _____
BCO Contact Person: _____ Telephone _____
Email Address: _____

Please check which of the following form the basis for your appeal:

- The true intent of the Pennsylvania Construction Code Act (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.

Please 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 1/2" x 11" pages.

Section 4- Application for Extension of Time Request

Compliance date requested for time extension _____

Please detail the reasons for this request. If additional space is required, please attach additional 8 1/2" x 11" pages.

Section 5 - Request for Variance(s)

Please 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).)

- Specify the particular code and the section(s) of the code, or any referenced standard mentioned in the specified section(s).
- Indicate on your plans what portions of the building will be affected by the variance request.
- Detail what your alternative approach entails and any compensatory measures.
- 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 attach additional 8 ½" x 11" 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 Applications for Review, are true and correct to the best of my/our information, knowledge and belief.

CHECK THIS BOX IF YOU ARE REQUESTING AN IN-PERSON HEARING

Applicant(s): _____ Date _____
(Signature)

_____ Date _____
(Signature)

Property Owner (if different from Applicant):

_____ Date _____
(Signature)

_____ Date _____
(Signature)