

Date Received: _____

File Application No.: _____

BUILDING CODE APPEALS BOARD APPLICATION

ZONING APPEAL BOARD

SLATE BELT COUNCIL OF GOVERNMENTS, P.O. BOX 5, PEN ARGYL, PA 18072

610-588-1000 Phone & Fax

Application: _____ Date of _____

Applicant's Name: _____

Applicant's Address: _____

Applicant's Telephone No.: _____

Relationship to Owner: _____

Owner's Name: _____

Owner's Address: _____

Owner's Telephone No.: _____

OWNER'S AUTHORIZATION (IF OWNER IS SOMEONE OTHER THAN APPLICANT)

I HEREBY AUTHORIZE THE APPLICANT NAMED HEREIN TO MAKE APPLICATION BEFORE THE SLATE BELT COUNCIL OF GOVERNMENTS BUILDING CODE APPEALS BOARD FOR A FAVORABLE RULING ON THE ITEMS LISTED BELOW, FOR THE PROPERTY KNOWN AS:

(Property Address)

(Owner's Signature)

The appeals below pertain to the following use: RESIDENTIAL COMMERCIAL

This property has been the subject of a previous appeal: YES NO

ITEMS OF APPEAL: *(Complete Items 1 through 3 as applicable)*

1. (a) Permit Number to which the appeal is applicable: _____

(b) Brief description of appeal item: _____

(c) Applicable code sections *(List applicable code and section numbers):* _____

(d) Describe the specific work you wish to perform, or have performed, that has been disallowed by the code official:

(e) Your reason for appeal is based upon:

- A belief the inspector's interpretation of the code is in error.
- Strict compliance with the code is impossible or unduly burdensome.
- A request for approval of a modification you are proposing that is equal to or better than the requirement of the code, but which has been denied by the code official.
- Other (*Explain*): _____

(f) The reason(s) you believe your appeal should be granted (*Explain your reasoning as opposed to that of the denying inspector*):

PROCEED TO COMPLETE ITEMS 2 AND 3 ONLY IF APPLICABLE

2. (a) Permit Number to which the appeal is applicable: _____

(b) Brief description of appeal item:

(c) Applicable code sections (*List applicable code and section numbers*):

(d) Describe the specific work you wish to perform, or have performed, that has been disallowed by the code official:

(e) Your reason for appeal is based upon:

- A belief the inspector's interpretation of the code is in error.
- Strict compliance with the code is impossible or unduly burdensome.
- A request for approval of a modification you are proposing that is equal to or better than the requirement of the code, but which has been denied by the code official.
- Other (*Explain*): _____

(f) The reason(s) you believe your appeal should be granted (*Explain your reasoning as opposed to that of the denying inspector*):

PROCEED TO COMPLETE ITEM 3 ONLY IF APPLICABLE

3. (a) Permit Number to which the appeal is applicable: _____

(b) Brief description of appeal item:

(c) Applicable code sections (*List applicable code and section numbers*):

(d) Describe the specific work you wish to perform, or have performed, that has been disallowed by the code official:

(e) Your reason for appeal is based upon:

- A belief the inspector's interpretation of the code is in error.
- Strict compliance with the code is impossible or unduly burdensome.
- A request for approval of a modification you are proposing that is equal to or better than the requirement of the code, but which has been denied by the code official.
- Other (*Explain*):

(f) The reason(s) you believe your appeal should be granted (*Explain your reasoning as opposed to that of the denying inspector*):

USE ADDITIONAL REQUISITION FORMS IF YOU HAVE MORE THAN THREE (3) APPEAL ITEMS. PLEASE ATTACH COPIES OF YOUR SUPPORTING EVIDENCE OR DOCUMENTATION.

I hereby certify that all supporting documentation provided herewith is true and accurate.

_____ Applicant's Signature