

WARWICK AREA APPEALS BOARD APPEAL

Date Filed: _____

CHECK ALL APPLICABLE REQUESTS:

Request for Variance _____ Request for Extension of Time _____

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

1. Name of Property Owner _____

2. Address of Property Owner _____

3. Telephone Number of Property Owner _____

4. Fax Number of Property Owner _____

Complete questions #5 - #9 only if appellant is different from property owner

5. Name of Appellant _____

6. Interest of Appellant _____

7. Address of Appellant _____

8. Telephone Number of Appellant _____

9. Fax Number of Appellant _____

10. Address of Subject Property _____

11. Municipality of Subject Property _____

12. Has a construction code permit been issued? _____ Yes _____ No

If yes, date of issuance of construction permit _____

Construction Permit No. _____

13. Please complete all of the following if the Appellant is requesting a variance of any Section or Sections of the Uniform Construction Code. If the Appellant is not requesting any variances, go to #14.

A. Identify all Sections of the Construction Code from which a variance is requested:

B. Identify all grounds of hardship or unreasonableness supporting the variance:

C. Identify all alternate forms of construction proposed in place of the requirements from which Appellant requests a variance:

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

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

14. Please complete all of the following if this is an appeal from a decision of the Building Code Official or construction Code Official. If the Appellant is not appealing any decision, please go to #16.

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 ground for this appeal:

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

A. Identify precise nature of the extension of time requested including the date by which 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: (use additional pages if needed)

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:

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

17. 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.

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 Warwick Area Appeals Board, and I understand that any false statements made herein are being made subject to the penalties of 18 Pa. C.S. §9409 relating to unsworn falsification to authorities.

I understand that the Warwick Area Appeals Board will consider this appeal in accordance with the regulations of the Pennsylvania Department of Labor and Industry at 34 Pa. Code §403.21 et seq., and the subject municipality's ordinance. I acknowledge that if I do not attach a written request for a hearing, the Warwick Area Appeals Board is not required to hold a hearing and may decide this appeal by reviewing written submissions which I have made.

**Signature of Appellant
(Show capacity if appellant is a partnership or a corporation)**

Date

***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.**