



Community Development Department

100 Parklane Drive • Eagleville, PA 19403

Phone: (610) 539-8020 • Fax: (610) 539-6347

www.lowerprovidence.org

LOWER PROVIDENCE TOWNSHIP PA UCC BOARD OF APPEALS APPLICATION

Applicant(s) Name

Street Address

City, State & Zip Code

() _____
Phone Number

_____ Appeal Number
_____ Advertised Dates
_____ Application Fee ck#
_____ Date Stamp Received (For Official Use Only)

The following is a list of questions designed to assist you and the Building Code Appeals Board in the efficient and speedy review of your appeal. Please thoroughly answer all questions, which are applicable to your appeal. If you believe the question does not pertain to your appeal, please indicate on this form by answering "Not Applicable". ***All questions must be answered to consider this appeal form complete.***

Eight (8) copies of signed & sealed plans, Eight (8) copies of the application, including any supporting documentation, and a check (payable to Lower Providence Township) for \$1,750.00 (Commercial appeal), or \$500 (Residential appeal) must accompany this application.

Please complete the following questions:

1. What is the applicant's interest in the premises affected? (i.e. property owner, equitable owner, tenant, contractor)

2. If applicant is represented by an attorney or counsel please provide their full name, address, phone and fax number.

3. If the property owner is not the applicant, list the full name, address and phone number of the property owner. Also, if the applicant is not the property owner, the applicant must provide a signed and notarized letter from the property owner stating his/her permission to allow the applicant to represent the property owner at the Building Code Appeals board with this building appeal.

4. Please provide the requested information about the property involved in this building code hearing appeal as described below:

Location: _____
(Street Address)

Parcel Identification Number: _____

Lot Size: _____

Present Use: _____ Zoning District: _____

Date of when Present Use began: _____ Date of acquisition of this property by the owner: _____

Please list each structure and its use currently located on this property:

Is this an existing building or new construction? _____

Building Construction Type: IA IB IIA IIB IIIA IIIB IV VA VB

Use Groups(s): (Check all that apply) A B E F H I M R S U Motion Picture

Special Amusement Covered Mall High Rise Atrium Underground Building Motor Vehicle Related

Aircraft Related Combustible Storage

Number of Stories Above Grade: _____

Number of Stories Below Grade: _____

Total Number of Stories: _____

If an existing building, is this a change of use or occupancy? (Y / N) _____

If yes, has an application for the new occupancy been approved by Zoning? (Y / N) _____

If no, is there a valid Certificate of Occupancy? (Y / N) _____

Required / Existing Life Safety Systems:

Required	Code Section	Existing	System
			Single and Multiple Station Smoke Detectors
			Automatic Fire Suppression System
			Standpipe System
			Fire Alarm System
			Automatic Fire Detection System
			Smoke Control System
			Smoke Proof Enclosure
			Elevator Recall and Emergency Operation
			Voice/Alarm Signaling System
			Fire Command Station
			Fire Department Communication System
			Fire Walls/Areas
			Other:

Required Number of Exits: _____

Required Exit Enclosure Fire-Resistance Rating: _____ hour(s)

5. Is your home or principal structure connected to: (please circle all that apply)

- A. public water B. public sewer C. private well D. private on-lot septic E. not presently connected

If you are not connected at this time, what type of sewage and water facilities is available to the property?

6. Are there any outstanding states or federal violations cited on this property at the time of this application?
 _____ If yes, please explain these violations below: _____

7. Has any previous building code appeal been filed in connection with this property?

If yes, _____
 (List applicant's name, date & nature of appeal)

8. The appeals below pertain to the following use: RESIDENTIAL COMMERCIAL

ITEMS OF APPEAL: if more space is needed, photocopy or attach additional sheets.

A. (1) Building Permit Number (if a permit has been issued) to which the appeal is applicable:

(2) Brief description of appeal item:

(3) Applicable code section(s) *(List applicable code and section numbers):*

(4) Describe the specific work you wish to perform, or have performed, that has been disallowed by the code official because it does not meet the requirements of the code section(s) in item (3)

(5) Proposed alternative or equivalent construction.

(6) Your reason for appeal is based upon:

- A claim that the true intent of this code or the rules legally adopted have been incorrectly interpreted.
- The provisions of this code do not fully apply.
- An equally good or better form of construction is proposed.
- Extension of Time

9. (I) (We) believe that the Board should approve this request because: (include the grounds for the building code appeal or reasons both with respect to case law and fact for granting this appeal. Please reference to your attachment if additional space is needed.)

I hereby certify that all of the above statements contained in this building code appeal application and any papers or plans submitted with this building code appeal to the Lower Providence Township PA UCC Board of Appeals herewith are true and correct to the best of my knowledge and belief.

Date _____

(Print Name of applicant(s))

Date _____

(Signature of applicant(s))

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF MONTGOMERY

As subscribed and sworn to before me this _____ day of _____, 200__

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands and seals the day and year aforesaid.

(SEAL)

NOTARY PUBLIC