



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? _____

5. 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: _____

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

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

7. 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 if applicable, 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

8. (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