UCC APPEALS BOARD
EAST COCALICO TOWNSHIP
100 HILL ROAD
DENVER, PA 17517

UCC APPEALS BOARD APPLICATION

DO NOT WRITE IN THIS SPACE. OFFICIAL USE ONLY.

Date Received: _____

Filing Fee: *See below Fee Received By: _____

Appeal No. _____ Hearing Date: _____

Deadline: Last Monday of the month prior to the month in which the appeal is to be heard.

***Fees:**
Appeal/Application:
$1,100

Applicant Name: _____

Phone: _____ **E-Mail**: _____

Mailing Address: _____

Owner of Property: _____

Phone: _____ **E-Mail:** _____

Mailing Address: _____

Identification of property involved in the application:

Street Address: _____

Plan Name: _____ **Lot No.:** _____

Lot/Block: _____ **Zoning District:** _____

What is the applicant's interest in the premises affected?

_____

Indicate type of application:

In accordance with the Pennsylvania Construction Code Act, 35 P.S. §7210.101, et. seq.:

☐ **Appeal of Building Code Official Decision.** (Complete Worksheet).
☐ **Request for Variance.** (Complete Worksheet).
☐ **Request for Extension of Time.** (Complete Worksheet).

Filing Requirements:

*** Completed application and appropriate work sheets**
*** $1,100 Application Fee**
*** Five sets of drawings, including floor plans, drawn to a minimum scale of 1/8 inch = 1 ft. and on a minimum paper size of 15 in x 24 in.**

UCC Appeals Board Petition

Appeal of Building Code Official Decision Worksheet

Code Official's Name: _____
Date of Decision: _____

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 ½ x 11 pages. (include building name on each page.)

Building name: _____

UCC Appeals Board Petition

Request for Variance(s) Worksheet

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 measures that will provide an equivalent degree of compliance with the intent of the UCC.
* State the reason for the requested variance. Including why the strict letter of the code is impractical and why the modification would not lessen accessibility, 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. (include building name on each page.)

Building name: _____

UCC Appeals Board Petition

Request for Extension of Time Worksheet

Please detail the reasons for extension and indicate whether, if granted, this will subject building occupants to conditions that do not comply with the UCC. If additional space is required, please attach additional 8 ½ X 11 pages. (include building name on each page.)

Building name: _____

List the names and addresses of the all property owners whose property adjoins or is across a public road from the property involved in this appeal.
Attach aerial map showing all adjoining property owners

Properties	Name and Street Address	Tax Bill Mailing Address
At Left Side		
At Right Side		
At Rear		
At Front		
Across Street		
Other		

Application Fee/Escrow:

A check payable to **East Cocalico Township** in the amount of one thousand one hundred dollars ($1,100.00) must accompany each application. (Reference Fee Schedule)

I hereby certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true to the best of my knowledge and belief.

Print Name: _____

Signature: _____ Date: _____

Owner's signature authorizing applicant to request a variance (if owner differs from applicant).

Print Name: _____

Signature: _____ Date: _____

THE APPLICANT IS RESPONSIBLE FOR FILING A COMPLETE AND ACCURATE APPLICATION

PROJECT RESPONSIBILITY FORM:

FINANCIAL RESPONSIBILITY

PROJECT NAME:_____

NAME OF PERSON OR ENTITY RESPONSIBLE FOR MAINTAINING ESCROW BALANCE:

_____

MAILING ADDRESS WHERE ESCROW STATEMENTS WILL BE SENT:

_____

EMAIL ADDRESS:_____

DAYTIME PHONE:_____

SIGNATURE:

_____

PROJECT MANAGEMENT RESPONSIBILITY

NAME OF PERSON RESPONSIBLE FOR RECEIVING AND SIGNING THE TOWNSHIP CONDITIONS OR DENIAL LETTER_____

MAILING ADDRESS:_____

EMAIL ADDRESS:_____

DAYTIME PHONE:_____

SIGNATURE:

_____

-MUNICIPAL USE ONLY-

TOWNSHIP FILE #_____

APPLICATION FEE:_____ **CHECK #:_____**

ESCROW AMOUNT:_____ **CHECK #:_____**

DIGITAL SUBMITTAL WAIVER FEE:_____ **CHECK#:_____**

MTMSA FEE:_____ **CHECK#:_____**