



EAST LAMPETER TOWNSHIP

2250 Old Philadelphia Pike
Lancaster, PA 17602
Phone: (717) 393-1567
Fax: (717) 393-4609

APPLICATION FOR APPEAL

Conestoga Valley Uniform Construction Code Board of Appeals

Filing Date: _____

Permit No. _____

Property Address: _____

Appellant (Owner of Record)

(Name)

(Address)

(Phone Number)

(Email Address)

Appellant's Consultant

(Name)

(Address)

(Phone Number)

(Email Address)

Instructions: Please complete all sections. Submit six (6) copies of additional information such as plans, specifications and/or pictures for the Board. Return the application, additional information and the applicable fee to East Lampeter Township at the above address. *Please note that a hearing is not required unless requested by the appellant.*

A. TYPE OF SUBMISSION:

- Hearing requested (testimony will be transcribed by a court reporter at cost of Appellant).**
- Submission on review of Documents only**

B. NATURE OF APPEAL (34 PA Code § 403.121)

(1) Building Code Official’s Decision

Appellant hereby appeals the decision of the Building Code Official regarding the provisions of Section(s) _____ of the Uniform Construction Code as adopted by East Lampeter Township Ordinance No. 246 as amended as amended.

Appeal of the Building Code Official’s Decision (35 P.S. § 501.(c)(2))

Check the appropriate box or boxes for the factors the Board of Appeals should consider:

- The true intent of the code or the rules legally adopted thereunder was incorrectly interpreted;
- The provisions of the code do not fully apply;
- An equivalent form of construction is to be used.

The factual basis upon which the Building Code Official has erred (attach additional documents and/or photographs if necessary):

(2) Variance of the UCC - Code: _____ Section: _____

The factual basis upon which the owner or owner’s agent requests a variance (attach additional documents if necessary):

C. ATTEST

Owner or owner’s consultant attests that the information presented herein is correct.

Signature: _____

Date: _____

Print Name: _____

Phone #: _____

Address: _____

Email: _____

D. LEGAL COUNSEL

Will the Owner or Owner’s agent be represented by legal counsel? Yes No

Name of legal counsel: _____

Firm Name: _____

Address: _____

Phone #: _____

Email: _____



FOR BOARD OF APPEAL'S ADMINISTRATIVE USE ONLY

Date appeal received: _____ day of _____, 20_____

Received by: _____

Amount paid: _____ Check No.: _____

Comments: _____
