

DATE RECEIVED: \_\_\_\_\_

FILE APPLICATION NO.: \_\_\_\_\_

# UPPER SAUCON TOWNSHIP

## BUILDING CODE APPEALS BOARD APPLICATION

Date of Application: \_\_\_\_\_

*Deadline to file this appeal is 12:00 noon on the  
Thursday one week prior to the appeal meeting*

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Telephone No.: \_\_\_\_\_

Relationship To Owner: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

*(If different from applicant)*

Owner's Address: \_\_\_\_\_

Owner's Telephone No.: \_\_\_\_\_

### **OWNER'S AUTHORIZATION** *(IF OWNER IS SOMEONE OTHER THAN APPLICANT)*

I HEREBY AUTHORIZE THE APPLICANT NAMED HEREIN TO MAKE APPLICATION BEFORE THE UPPER SAUCON TOWNSHIP BUILDING CODE APPEALS BOARD FOR A FAVORABLE RULING ON THE ITEMS LISTED BELOW, FOR THE PROPERTY KNOWN AS:

\_\_\_\_\_  
*(Property Address)*

\_\_\_\_\_  
*(Owner's Signature)*

The appeals below pertain to the following use: ☐ RESIDENTIAL ☐ COMMERCIAL

This property has been the subject of a previous appeal: ☐ Yes ☐ No

### **ITEMS OF APPEAL:** *(Complete Items 1 through 3 as applicable)*

1. (a) Permit Number to which the appeal is applicable: \_\_\_\_\_

(b) Brief description of appeal item:

(c) Applicable code sections *(List applicable code and section numbers):*

(d) Describe the specific work you wish to perform, or have performed, that has been disallowed by the code official:

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(e) 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.

(f) The reason(s) you believe your appeal should be granted (*Explain your reasoning as opposed to that of the denying inspector*):

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**PROCEED TO COMPLETE ITEMS 2 AND 3 ONLY IF APPLICABLE**

2. (a) Permit Number to which the appeal is applicable: \_\_\_\_\_

(b) Brief description of appeal item:

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(c) Applicable code sections (*List applicable code and section numbers*):

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(d) Describe the specific work you wish to perform, or have performed, that has been disallowed by the code official:

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(e) 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..

(f) The reason(s) you believe your appeal should be granted (*Explain your reasoning as opposed to that of the denying inspector*):

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**PROCEED TO COMPLETE ITEM 3 ONLY IF APPLICABLE**

3. (a) Permit Number to which the appeal is applicable: \_\_\_\_\_

(b) Brief description of appeal item:

\_\_\_\_\_

\_\_\_\_\_

(c) Applicable code sections (*List applicable code and section numbers*):

\_\_\_\_\_

\_\_\_\_\_

(d) Describe the specific work you wish to perform, or have performed, that has been disallowed by the code official:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(e) 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.

(f) The reason(s) you believe your appeal should be granted (*Explain your reasoning as opposed to that of the denying inspector*):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**USE ADDITIONAL REQUISITION FORMS IF YOU HAVE MORE THAN THREE (3) APPEAL ITEMS.  
PLEASE ATTACH COPIES OF YOUR SUPPORTING EVIDENCE OR DOCUMENTATION.**

I hereby certify that all supporting documentation provided herewith is true and accurate.

\_\_\_\_\_  
Applicant's Signature