APPEAL FORM

Township Use Only
Date Received_____
Fee Paid _____
Received by _____

We are hereby submitting an appeal from the decision of the Code Official per Section 403.121 of the Pennsylvania Uniform Construction Code as adopted by Butler Township Codified Ordinance, Chapter 138 CONSTRUCTION CODES, UNIFORM.

If a HEARING is requested, check here ☐

Please note: If a hearing is NOT requested, the Appeals Board will decide the appeal by reviewing documents and written briefs or arguments unless the owner or agent requests a hearing.

Property Address _____ Map & Parcel _____

Name of Property Owner _____

Address _____

Telephone Number _____Fax Number _____

Application is made by ☐ Owner ☐ Agent ☐ Design Professional

☐ Other (specify) _____

If not Owner - Name _____

Address _____

Telephone Number _____Fax Number _____

Signature of Applicant _____

Note: Signed & sealed plans, written briefs and other applicable documentation, and a check (Payable to Butler Township) per current Fee Resolution must accompany this Appeal Form.

Hearing/Meeting Date _____ Case Number _____

Property Address _____ Map & Parcel _____

GENERAL BUILDING INFORMATION

Is this an existing building or new construction? _____

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

Use Group(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 a 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	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
		Other:

Required Number of Exists _____
Required Exist Enclosure Fire-resistance Rating _____ hour(s)

COMPLETE ONE PAGE FOR EACH CODE REQUIREMENT BEING APPEALED

Property Address _____

Code Section(s) being Appealed _____

Code Requirement _____

_____

_____

_____

Deficiency _____

_____

_____

Proposed Alternative/Equivalent * _____

_____

_____

_____

To which area of the building does this appeal apply to? _____

_____

* This section of the permit MUST be completed for the appeal to be accepted.

THIS SECTION FOR BUILDING INSPECTION USE ONLY

COMMENTS _____

_____

_____

BY _____