



File #:	_____
Date	_____
P1	

Uniform Construction Code (UCC)

ACCESSIBILITY ADVISORY BOARD PETITION

This form may be used to file an appeal, seek a variance or an extension of time. When variances are requested, as many variances as may be needed may be sought via this petition. **Once this petition has been submitted, no changes may be made, and any additional variance requests must be filed via a separate (new) petition.**

Please **type** or **print legibly** all requested information.

Construction Site (Required)	Building or Structure Name _____ Tenant Name _____ Street Number & Name _____ City _____ Zip Code _____ Township, Borough or City Name _____ County _____
Applicant or Contact Person (Required)	Contact Person _____ Company Name _____ Street Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____ E-mail _____
Filing Requirements (Required)	<ul style="list-style-type: none"> Completed application and any additional information sheets. Two (2) sets of assembled and bound drawings on paper sized at a minimum of 18 in. x 24 in. and drawn to an acceptable architectural scale (preferably ¼ in. = 1 ft.). If variance concerns accessible route into the structure, a detailed site plan. Fee of \$100.00 per petition form (may contain multiple variance requests). Make check or money order payable to "Commonwealth of Pennsylvania." <p>Mail to: Department of Labor & Industry, Accessibility Advisory Board, 651 Boas Street, Room 1600, Harrisburg, PA 17121-0750</p> <p>Direct questions to: (717) 787-3329 Web site information: www.dli.state.pa.us/codes</p>
Code Information (Required)	Triennial Code series: <input type="checkbox"/> 2003 <input type="checkbox"/> 2006 <input type="checkbox"/> 2009 Construction involves: <input type="checkbox"/> New Building <input type="checkbox"/> Existing Building If "Existing Building," check the requirements it will meet: <input type="checkbox"/> Chap. 34 of Int. Building Code <input type="checkbox"/> Int. Existing Building Code
Municipal Code Official Information	BCO Name _____ Phone _____ Does the Municipality have an "Accessibility Inspector / Plans Examiner"? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of Individual _____
<i>FOR L&I USE ONLY</i>	Check Number: _____ Amount: _____ Bates Number: _____

<p>Appeal of Building Code Official (BCO) Decision (If applicable)</p>	<p>Please check which of the following form the basis for your appeal:</p> <p><input type="checkbox"/> The true intent of the Pennsylvania Construction Code Act (PCCA) or the UCC was incorrectly interpreted.</p> <p><input type="checkbox"/> The provisions of the PCCA do not apply to this construction.</p> <p><input type="checkbox"/> An equivalent form of construction was proposed for use.</p> <p>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 8½" x 11" pages. (Include building name on each page.)</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Extension of Time Request (If applicable)</p>	<p style="text-align: right;">L&I or Municipal Order No. _____</p> <p style="text-align: center;">Date Requested to Comply with L&I or Municipal Order _____</p> <p>Please attach copy of Order and detail the reasons for the extension. Also 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 8½" x 11" pages.</p> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Request For Variance(s) (If applicable)</p>	<p>Please provide <u>all</u> of the following information <u>for each variance requested</u>. A 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).</p> <ul style="list-style-type: none"> • Indicate what prompted the need to seek a variance. (Some examples: The use and occupancy classification is changing from a "U" to an "M"; the occupant load is changing, and the International Plumbing Code mandates an additional restroom; extensive alterations will be made to an area of primary function.) • The specific code and the section(s) of the code, and <u>any referenced standard</u> 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. <p>State the reasons 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 8½" x 11" pages.</p> <hr/> <hr/> <hr/> <hr/> <hr/>

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*