



UPPER MACUNGIE TOWNSHIP
8330 Schantz Rd
Breinigsville, PA 18032

(610) 395-4892

FAX (610) 395-9355

Building Code Board of Appeals Hearing Application

Applicant Name: _____ Date: _____

Applicant Address: _____

Phone Number: _____ Project Name: _____

Project Address (if different from above): _____

Applicant's Signature: _____

Appeal Objective

1. The applicant appeals the interpretation of the codes by the Code Official:

2. The applicant appeals the provisions of the code do not apply:

3. The applicant appeals he/she is proposing an equal or better form of construction:

For Official Use Only

Date of Plan Review: _____ Date: _____
\$500 Deposit Received by: _____ Date: _____