



UPPER MACUNGIE TOWNSHIP BUILDING CODE BOARD OF APPEALS APPLICATION

Applicant's Name _____ Date _____

Applicant's Address _____

Applicant's Telephone _____

Project Address (if different than above) _____

Project Name _____

Applicant's Signature _____

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

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

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

OFFICE USE ONLY:

Date of Plan Review: _____

Date of Hearing: _____

\$500.00 Deposit Received by _____

Date: _____

Hearings will be scheduled within thirty (30) days from receipt of the Deposit Fee.