

The City of York  
Pennsylvania

Honorable C. Kim Bracey, Mayor



Economic and Community Development

101 South George Street  
York, PA 17401  
www.yorkcity.org

## UCC APPEAL APPLICATION

**Please note:** This application for appeal shall be filed within 20 days after a code interpretation, order, plan review or other requirement has been issued.

The York County Uniform Construction Board of Appeals meets on the fourth Monday of the month at 6:30 p.m. in the Basement Conference Room of the York County Administrative Center, 28 East Market Street.

### APPEAL FEE: \$125

Make checks payable to the City of York. Appeals should be delivered to the York City Bureau of Permits, Planning and Zoning, 101 South George Street, P.O. Box 509, York, Pennsylvania 17405

Please be certain to fill out this application completely and legibly. Incomplete or illegible applications will be returned to the applicant without action.

<b>PROPERTY ADDRESS:</b>			
<b>PERMIT NUMBER:</b>		<b>DATE OF APPEAL:</b>	
<b>PLAN REVIEW NUMBER:</b>		<b>DATE OF ORDER:</b>	

**Please check the appropriate basis for appeal:**

- The true intent of the Act or Uniform Construction Code was incorrectly interpreted
- The provisions of the act do not apply
- An equivalent form of construction is to be used

***The Board of Appeals shall decide an appeal, variance request or request for extension of time by reviewing documents and written briefs unless the owner or owner's agent requests a hearing. The cost of the hearing shall be \$500 for the first hour and \$125 for each additional quarter hour to cover City expenses. By checking the request for hearing and signing below I acknowledge and accept the above fees.***

I am requesting a hearing

Signature: \_\_\_\_\_

(APPLICATION CONTINUED ON NEXT PAGE)

OFFICE USE ONLY

<b>DATE RECEIVED:</b>		<b>DATE OF APPEALED ACTION:</b>	
<input type="radio"/> APPEAL IS TIMELY		<input type="radio"/> APPEAL WAS NOT FILED WITHIN REQUIRED TIME FRAME	
<b>RECEIVED BY:</b>		<b>SIGNATURE:</b>	

**The City of York Pennsylvania**  
Honorable C. Kim Bracey, Mayor

APPLICANT'S NAME:			
APPLICANT'S ADDRESS:			
APPLICANT'S PHONE:		APPLICANT'S EMAIL:	
APPLICANT'S RELATIONSHIP TO PROPERTY:			
OWNER'S NAME:			
OWNER'S ADDRESS:			
OWNER'S PHONE:		OWNER'S EMAIL:	

DESCRIPTION OF APPEAL (USE ADDITIONAL PAPER IF NECESSARY)

**NOTE: A complete set of ALL applicable drawings, plan review documents and/or any other pertinent materials must be submitted with this appeal.**

**TO THE BEST OF MY KNOWLEDGE THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE.**

\_\_\_\_\_  
**Applicant's/Owner's Signature** \_\_\_\_\_  
**Date**

**FOR OFFICE USE ONLY**

CASE NUMBER: \_\_\_\_\_ HEARING DATE: \_\_\_\_\_ FEE PAID: \$ \_\_\_\_\_  
ZONING DISTRICT: \_\_\_\_\_ WARD: \_\_\_\_\_ BLOCK: \_\_\_\_\_ MAP: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

REVISED 06/01/17