



A. GENERAL APPLICATION INFORMATION

1. PROPERTY INFORMATION

Property Address: _____ Owner Name: _____

2. APPEAL INFORMATION:

Nature of Appeal (Select One):

- Proposing Alternative/Equivalent to Code Requirement
- Appealing Code Official's decision or interpretation
- Pennsylvania's Uniform Construction Code does not apply

Appeal applies to these areas (within the building): _____

Code Version and Year: _____ Code Section: _____

Code Requirement: _____

Deficiency: _____

Proposed Alternative Equivalent / Alternate Interpretation / Reason UCC does not apply: _____

3. APPLICANT'S AFFIDAVIT:

I am the Owner of the property, or an agent of the Owner, for which this application is filed. If an agent, I certify that I have been authorized by the Owner to complete this application on their behalf. As the applicant, I certify that the information provided as part of this application is correct.

Signature: _____ Print: _____

Address: _____

Phone: _____ Email/Fax: _____

PLI Use Only
Date Submitted: _____ Case No: _____

B. CODE INFORMATION

Case No: _____

1. BUILDING INFORMATION:

Type of Structure (Check One): Commercial Building Single Family Dwelling Two Family Dwelling

Existing Certificate of Occupancy for use as (attach copy): _____

No change in use Partial change in use (Portion of the structure changing use) Complete change in use (Use of entire structure changing)

Proposed Use: _____

2. USE GROUPS (Check all that apply):

A-1	A-2	A-3	A-4	A-5	B	E	F-1	F-2	H-1	H-2	H-3	H-4	H-5
<input type="checkbox"/>													
I-1	I-2	I-3	I-4	M	R-1	R-2	R-3	R-4	S-1	S-2	U		
<input type="checkbox"/>													

3. CONSTRUCTION TYPE (Choose One):

IA	IB	IIA	IIB	IIIA	IIIB	IV	VA	VB
<input type="checkbox"/>								

4. AREA, HEIGHT & EXITS:

Stories Above Grade: _____ Stories Below Grade: _____

Gross area per floor: _____

Number of Exits per Story: _____ Fire-rating of exit enclosure: _____

Height of highest floor above lowest level of fire department vehicle access: _____

5. LIFE SAFETY SYSTEMS:

SYSTEM	REQUIRED	EXISTING	PROPOSED	COVERAGE (Select One)		STANDARD/TYPE
Sprinkler	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Partial	<input type="checkbox"/> Throughout	<input type="checkbox"/> 13 / <input type="checkbox"/> 13D / <input type="checkbox"/> 13R
Fire Alarm	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Partial	<input type="checkbox"/> Throughout	<input type="checkbox"/> Manual / <input type="checkbox"/> Automatic
Standpipe	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A		<input type="checkbox"/> Manual / <input type="checkbox"/> Automatic <input type="checkbox"/> Wet / <input type="checkbox"/> Dry
Automatic Smoke Detection	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Partial	<input type="checkbox"/> Throughout	N/A
Smoke Control	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A		N/A
Smokeproof Enclosure	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A		N/A
Elevator Recall & Emerg. Oper'tion	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A		N/A
Voice/Alarm Communication	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Partial	<input type="checkbox"/> Throughout	N/A
Fire Command Center	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A		N/A
Fire Department Communication	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Partial	<input type="checkbox"/> Throughout	N/A