

APPLICATION FOR APPEAL

The attached application form will enable the applicant to appeal a decision of the Building Official, Code Official or Fire Official to the Alexandria Building Code Board of Appeals. The item numbers listed below refer to the items in the attached appeal form. The appeal application fee is non-refundable and must be paid at the time of the application. Please make checks payable to the City of Alexandria.

There is no fee to file an appeal to the Local Building Code Board of Appeals for residential construction projects applied for under the Virginia Residential Code (VRC).

Fees required to file an appeal to the Local Building Code Board of Appeals are as follows:

Virginia Construction Code	\$200
Virginia Existing Building Code	\$200
Virginia Statewide Fire Prevention Code	\$200
Virginia Property Maintenance Code	\$0 – No Fee
Virginia Residential Code	\$0 – No Fee
Virginia Amusement Device Regulations	\$0 – No Fee

PLEASE PRINT OR TYPE ALL INFORMATION

Item 1: Please provide the date that you are submitting the appeal to the Department of Code Administration. The time frames for appeals after application of the code are:

- Uniform Statewide Building Code (USBC) – 30 calendar days
- Virginia Rehabilitation Code (IEBC) – 30 calendar days
- Statewide Fire Prevention Code (SFPC)- 14 calendar days
- Virginia Maintenance Code (VMC) – 14 calendar days
- Virginia Amusement Device Regulations (VADR)-14 calendar days

Item 1a: Please provide the date that the Building/Fire/Property Maintenance code was applied.

Item 2: Please check all codes that you wish for the Board to consider.

Item 3: Please provide your legal name.

Item 4: Please provide your current mailing address.

Item 5: Please provide daytime phone/fax numbers.

Item 6: If the applicant and the representative are the same person, print or type “same” in this space.

Item 7: If the applicant and the owner are the same, print or type “same” in this space.

Item 8: Please provide the exact address of the project/property where the issued code application is being appealed.

Item 9: If a permit has not been issued, please print or type “n/a” in this space.

Items 10 & 12: Please provide the applicable codes and code sections being appealed.

Item 11: Will be completed by the Board Secretary. *Please do not write in this space.*

Item 13: Please provide a written explanation of the appellant’s understanding of the code.
This allows the Board to have a clearer understanding of the appellant’s request.

Item 14: The code only provides four grounds for appeals (see listing on appeal form). Please check each one that you believe applies. If none apply, the Board may be unable to act.

Item 15: Please attach a thorough explanation for each item checked in Item 14. Attachments must be legible. *Please print or type.*

You will receive written notification of the hearing date and location within 16 days of submitting a completed appeal application and filing fee. A hearing before the local Building Code Board of Appeals is usually heard within 30 calendar days. Appeals of the Virginia Amusement Device Regulations will be heard within 7 calendar days.

* Copies of all USBC Codes can be downloaded on www.dhcd.virginia.gov

APPLICATION FOR APPEAL

Department of Code Administration
4850 Mark Center Drive, Suite 2013
Alexandria, Virginia 22314
703.746.4200 (office)

Building Code Board of Appeals

TYPE OR PRINT ALL INFORMATION

1. Date of appeal submission: _____
 - 1a. Date of Code Application: _____
2. Type of Appeal Hearing Requested: (applicant must indicate only those that apply)

<input type="checkbox"/> Building Code	<input type="checkbox"/> Elevator Code
<input type="checkbox"/> Electrical Code	<input type="checkbox"/> Fire Code
<input type="checkbox"/> Mechanical Code	<input type="checkbox"/> Property Maintenance Code
<input type="checkbox"/> Plumbing Code	<input type="checkbox"/> Amusement Device Regulations
<input type="checkbox"/> IRC-Residential Code	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Virginia Rehab Code	
3. Applicant's name: _____
4. Applicant's address: _____
5. Applicant's daytime phone/fax information: _____
Email address: _____
6. Representing: _____
7. Owner of Project/Property: _____
8. Address of Project/Property: _____
9. Permit/Complaint Number (if applicable): _____
10. Applicable Code(s): _____ 11. Edition (s): _____
12. Applicable Code Section(s): _____
13. Applicant's understanding of the applicable code requirements (please attach additional sheets as needed):

14. Grounds for Appeal: Check all that apply (USBC Section 119.5 for new construction and the rehabilitation of existing structures; Section 106.5 for property maintenance; Section 112.5 for the fire prevention code; Section 13VACS-31-60 for amusement device regulations):

I claim that:

- a) the Building Official/Code Official/Fire Official has refused to grant a modification which complies with the intent of the provisions of the code;
- b) the true intent of the code has been incorrectly interpreted;
- c) the provisions of the code do not fully apply;
- d) the use of a form of construction/compliance that is equal to or better than that specified in the code has been denied.

15. Please attach 8 ½ x 11” sheets of paper with reason(s) for each of the items checked in section 14. Please print or type reasons. Manufacturer information, cut sheets, data sheets from approved testing agencies may also be attached.

THE SPACES IN THE BOX ARE TO BE COMPLETED BY THE BOARD SECRETARY

BOARD ACTION

Date of Board Appeals Hearing: _____

Number of Board Members Present: _____

The decision of the board was to **UPHOLD** **DENY** the decision of the Building/Code/Fire Official.

Number in Agreement: _____ Number Opposed: _____

Appeal is: **DENIED** **GRANTED**

Conditions/Comments:
