

<b>FOR L&amp;I USE ONLY</b>	
File No.:	_____
Date:	_____

### UNIFORM CONSTRUCTION CODE (UCC) ACCESSIBILITY ADVISORY BOARD PETITION

This form may be used to file an appeal, seek a variance or an extension of time. When variances are requested, as many variances as needed may be sought via this petition. **Once this petition has been submitted, no changes may be made, and any additional variance requests must be filed via a separate (new) petition.**

Type or print legibly all requested information.

- EXPEDITE REVIEW. ADDITIONAL FEE SUBMITTED.  
 ACT 24 EXEMPTION

<b>Construction Site</b> (Required)	Building or Structure Name _____ Tenant Name _____ Street Number and Name _____ City _____ Zip Code _____ Political Subdivision _____ County _____
<b>Applicant or Contact Person</b> (Required)	Contact Person _____ Company Name _____ Street Address _____ City _____ State _____ Zip Code _____ Telephone _____ Fax _____ E-mail _____
<b>Filing Requirements</b> (Required)	<ul style="list-style-type: none"> <li>• One (1) completed application per building, with any additional supporting information. Multiple variance requests for a single building may be on one form.</li> <li>• One (1) set of assembled and bound drawings on paper sized at a minimum of 18 in. x 24 in. and drawn to an acceptable architectural scale (preferably 1/4 in. = 1 ft.).</li> <li>• If variance concerns accessible route into the structure, a detailed site plan must be provided.</li> <li>• Petition form may contain multiple variance requests.</li> <li>• <b>FEE SCHEDULE:</b> For an up-to-date listing of fees, please see the Fee Schedule listed on our website (<a href="http://www.dli.pa.gov/Individuals/Labor-Management-Relations/bois">www.dli.pa.gov/Individuals/Labor-Management-Relations/bois</a>) or contact our office for a copy of the Fee Schedule by telephone at 717-787-3806 option 1 or by fax at 717-783-5002.</li> <li>• Submit the application, all necessary documentation and check or money order for the appropriate fee, made payable to the <b>Commonwealth of Pennsylvania</b> to:           <p style="text-align: center;">Department of Labor &amp; Industry              Accessibility Advisory Board              651 Boas Street, Room 1600              Harrisburg, PA 17121-0750</p> <p style="text-align: center;"><b>Direct questions to:</b> 717-787-3329      <b>website information:</b> <a href="http://www.dli.pa.gov">www.dli.pa.gov</a></p> </li> </ul>
<b>Code Information</b> (Required)	Construction involves New Building <input type="checkbox"/> 2015 <input type="checkbox"/> 2018 <input type="checkbox"/> 2021 Construction involves Existing Building <input type="checkbox"/> 2015 IEBC <input type="checkbox"/> 2018 IEBC <input type="checkbox"/> 2021 IEBC
<b>FOR L&amp;I USE ONLY</b>	Check #: _____ Amount: _____ <b>Bates #:</b> _____

<b>Municipal Code Official Information</b>	BCO Name _____ Telephone _____ Does the Municipality have an "Accessibility Inspector/Plan Examiner"? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of Individual _____
<b>Appeal of Building Code Official (BCO) Decision</b> (If Applicable)	Please check which of the following form the basis for your appeal: <input type="checkbox"/> The true intent of the Pennsylvania Construction Code Act (PCCA) or the UCC was incorrectly interpreted. <input type="checkbox"/> The provisions of the PCCA do not apply to this construction. <input type="checkbox"/> An equivalent form of construction was proposed for use. Please detail the grounds for appealing this decision, citing provisions of the PCCA or the UCC, or explaining how your proposed construction would be equivalent to that specified in the UCC. If additional space is required, please attach additional 8 ½" x 11" pages. (Include building name on each page.)
<b>Extension of Time Request</b> (If Applicable)	L&I or Municipal Order No. _____ Date Requested to Comply with L&I or Municipal Order _____ <b>Please attach copy of Order and detail the reasons for the extension.</b> Also indicate whether, if granted, this will subject building occupants to conditions that do not comply with the UCC. If additional space is required, please attach additional 8 ½" x 11" pages.
<b>Request for Variance(s)</b> (If Applicable)	<b>Please provide <u>all</u> of the following information for each variance requested. A failure to provide sufficient information will result in the return of your variance request(s) and delay the Board's consideration of your request(s).</b> <ul style="list-style-type: none"> <li>• Indicate what prompted the need to seek a variance. (Some examples: The use and occupancy classification is changing from a "U" to an "M"; the occupant load is changing, and the International Plumbing Code mandates an additional restroom; extensive alterations will be made to an area of primary function.)</li> <li>• The <b>specific code</b> and the <b>section(s) of the code</b>, and <b>any referenced standard</b> mentioned in the specified section(s).</li> <li>• Indicate on your plans what portions of the building will be affected by the variance request.</li> <li>• Detail what your alternative approach entails and any measures that will provide an equivalent degree of compliance with the intent of the UCC.</li> </ul> State the reasons for the requested variance, including why the strict letter of the code is impractical and why the modification would not lessen accessibility, health, life and fire safety or structural requirements in the listed code section(s). If additional space is required, please attach additional 8 ½" x 11" pages.