THE BOROUGH OF BRENTWOOD

MUNICIPAL BUILDING – 3624 BROWNSVILLE ROAD
PITTSBURGH, PA 15227-3199
Office 412-884-1500 FAX 412-884-1911
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APPEAL FORM

Date Submitted: _____

We are hereby submitting an appeal from the decision of the Borough Code Official under the guidelines of the Pennsylvania Uniform Construction Code and/or International Property Maintenance Code.

Property Address: _____ Parcel Number: _____

Property Owner: _____Phone Number: _____

Owner Address: _____

City/State/Zip: _____

Application made by:

☐ Owner ☐ Agent ☐ Design Professional ☐ Other (Specify) _____

If not owner, name: _____Phone Number: _____

Address: _____

City/State/Zip: _____

Signature of Applicant: _____

A check for $500.00 must accompany the appeal form.

FOR OFFICE USE ONLY

Appeal accepted by: _____

Case Number_____ Hearing Date:_____ Hearing Time:_____

GENERAL BUILDING INFORMATION

Is this an existing building or new construction?_____

Building construction type: ☐1A ☐1B ☐IIA ☐IIB ☐IIIA ☐IIIB ☐IV ☐VA ☐VB

Use Group (s): Check all that apply. ☐A ☐B ☐E ☐F ☐H ☐I ☐M ☐R ☐S ☐U ☐ Motion Picture ☐Special Amusement ☐Covered Mall ☐High Rise ☐Atrium ☐Underground Building ☐Motor vehicle related ☐Aircraft related ☐Combustible storage

Number of stories above ground _____ Number of stories below grade ____Total number of stories_____

If an existing building, is this a change of use or occupancy? (Yes or No): _____
If yes, has an application for the new occupancy been approved by the Borough? _____
If no, is there a valid Certificate of Occupancy? _____

Required/Existing Life Safety Systems:

Required	**Existing**	**System**
		Single and Multiple Station Smoke Detectors
		Automatic Fire Suppression System
		Standpipe System
		Fire Alarm System
		Automatic Fire Detection System
		Smoke Control System
		Smoke Proof Enclosure
		Elevator Recall and Emergency Operation
		Voice/Alarm Signaling System
		Fire Command Station
		Fire Department Communication System
		Other:

Required number of exits: _____

Required exit enclosure fire-resistance rating: _____ hours (s)

COMPLETE ONE PAGE FOR EACH CODE REQUIREMENT BEING APPEALED.

Property Address: _____

Code Section being appealed: _____

Code Requirement: _____
_____
_____
_____
_____

Deficiency: _____
_____
_____
_____
_____

Proposed Alternative/Equivalent: _____
_____
_____
_____

To which area of building does this appeal apply to? _____
_____
_____

This section of the permit MUST be completed for the appeal to be accepted.

FOR OFFICE USE ONLY

COMMENTS: _____
_____
_____
_____
_____

BY: _____