



Building Code Appeal Request

PROJECT INFORMATION

Project Name: - _____
Project Address: - _____
Permit or case number: - _____ Tax map number: _____

APPLICANT INFORMATION

Applicant Name: _____ Owner Owner's agent
Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____

OWNER INFORMATION

See applicant information
Owner Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____

APPEAL INFORMATION

Appealing decision made on the date of by Building Official Fire Official Property Maintenance Official
rendered on the following date: - _____
Code(s) (IBC, IMC, IPMC, etc.) and year-edition: - _____
Section(s): - _____

REQUEST/SOLUTION

Describe the code or design deficiency and practical difficulty in complying with the code provision:

Please return the completed form and any supporting documentation to the address or email below.

Chairman, Fairfax County Board of Building Code Appeals -
12055 Government Center Parkway, Suite 444 -
Fairfax, VA 22035-5504 -
Attention: Secretary to the Board -
buildingofficial@fairfaxcounty.gov