

## **Building Code Appeal Request**

	PROJECT INFO	RMATION	
Project Name:			
Project Address:			
Permit or case number:		Tax map number:	
	APPLICANT INFO	ORMATION	
Applicant Name:			🗌 Owner 🔲 Owner's agent
Address:			
			ZIP:
Phone:	Email:		
	OWNER INFOR	RMATION	
$\square$ See applicant information			
Owner Name:			
Address:			
City:		State:	ZIP:
Phone:	Email:		
	APPEAL INFOR	RMATION	
Appealing decision made on th	ne date of by $\square$ Building Offici	al 🗌 Fire Official 🛭	Property Maintenance Official
rendered on the following date	2:		
Code(s) (IBC, IMC, IPMC, etc.	) and year-edition:		
Section(s):			
	REQUEST/SO	LUTION	

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. A \$216.32 fee is required at the time of submittal. This total fee includes a base fee of \$208.00 plus a 4% technology surcharge. The application will not be further processed until this fee has been collected.

> Chairman, Fairfax County Board of Building Code Appeals 12055 Government Center Parkway, Suite 334 Fairfax, VA 22035-5504 Attention: Secretary to the Board