



BOROUGH OF OAKMONT

767 FIFTH STREET
OAKMONT, PA 15139-1524
(412) 828-3232
(412) 826-1578- POLICE
FAX (412) 828-3479
www.oakmontborough.com

MEMBERS OF COUNCIL
TIMOTHY N. MILBERGER, PRESIDENT
NANCY L. RIDE, VICE PRESIDENT
THOMAS J. BRINEY
ELENA M. COLIANNI
TIMOTHY J. FAVO
LAURIE SAXON
RONALD E. SCOTT

**BOROUGH MANAGER AND
EX-OFFICIO BOROUGH SECRETARY**
LISA COOPER JENSEN

SOLICITOR
ROBERT H. SHOOP, JR.

MAYOR
ROBERT J. FESCEMYER

Application for APPEAL

Please check the Appeal that applies:

- UCC APPEAL
- IPMC APPEAL

Date Appeal Submitted _____

Property Address _____ Lot & Block # _____

Property Owner _____ Ph# _____

Owners Address _____ Email _____

City, St, Zip _____ Fax _____

Application made by: Owner _____ Agent _____ Design Prof. _____
Other (specify) _____

If other than Owner:

Name _____

Address _____

City, St, Zip _____ Ph# _____

- Requesting a Variance from the *Borough Code*
- Requesting reconsideration of a *Borough Code* official determination/decision
- Other, specify _____
- Requesting a definition of the *Borough Code* section

YOU MUST ESTABLISH THAT THE PERFORMANCE OF THE ITEM OR PART OF THE BUILDING OR STRUCTURE FOR WHICH THE APPEAL IS SOUGHT DOES NOT SUBSTANTIALLY DEVIATE FROM THE PERFORMANCE REQUIRED BY THE *BOROUGH CODE*.

Outline the method you will use to establish that what you are proposing will not deviate from the performance required by the *Borough Code*.

Signature of Applicant _____

Signed and sealed plans (if applicable), and a check payable to the "Borough of Oakmont" in the amount of \$500.00 **MUST** accompany this Appeal form for the application to be considered as complete.

Total pages _____

Please attach the information page for each violation/code requirement to be appealed. You may attach extra pages if necessary.

TO BE COMPLETED BY OAKMONT BOROUGH

Date Received _____ Rec'd. By _____

Appeal Accepted by _____ Case/File # _____

Scheduled for _____ Time _____

Location _____

COMPLETE ONE PAGE FOR EACH CODE REQUIREMENT BEING APPEALED

Property Address _____

Section(s) of *Borough Code* being appealed _____

Borough Code Requirement:

Deficiency:

Proposed Alternative/Equivalent*:

To which area of the building does this Appeal apply to:

*This section must be completed for the Appeal to be considered complete.

THIS SECTION FOR CODE REVIEW USE ONLY

Comments: _____

By: _____