



# Borough of Oakmont

767 Fifth Street  
Oakmont, Pennsylvania 15139  
412-828-3232

## Application for Appeal

Please check the Appeal that applies:

- Uniform Construction Code (UCC)
- International Property Maintenance Code (IPMC)

Date Appeal Submitted \_\_\_\_\_

Property Address _____	Lot & Block # _____
Property Owner _____	Phone # _____
Owner's Address _____	Email _____
City, State, Zip _____	Fax # _____

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

If other than Owner: Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_

- Requesting a Variance from the *UCC or IPMC*
- Requesting reconsideration of a *UCC/IPMC* official determination/decision
- Other, specify \_\_\_\_\_
- Requesting a definition of the *UCC/IPMC* 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 *UCC/IPMC*.

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Signature of Applicant \_\_\_\_\_

Signed and sealed plans (if applicable), and a check payable to the “Borough of Oakmont” in the amount of \$750.00 **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.

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**TO BE COMPLETED BY OAKMONT BOROUGH**

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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.

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**THIS SECTION FOR CODE REVIEW USE ONLY**

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Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_

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