

FOR L&I USE ONLY

File No.: \_\_\_\_\_

Date: \_\_\_\_\_

## UNIFORM CONSTRUCTION CODE (UCC) ACCESSIBILITY ADVISORY BOARD PETITION

This form may be used to file an appeal, seek a variance or an extension of time. When variances are requested, as many variances as needed may be sought via this petition. Once this petition has been submitted, no changes may be made, and any additional variance requests must be filed via a separate (new) petition. Type or print legibly all requested information.

## EXPEDITE REVIEW. ADDITIONAL FEE SUBMITTED.

Contruction Site	Building or Structure Name	
(Required)	Tenant Name	
	Street Number and Name	
	City Zip Code	
	Political	
	Subdivision	County
Applicant or Contact	Contact Person	
Person (Required)	Company Name	
	Street Address	
	City	State Zip Code
	Telephone	Fax
	E-mail	
Filing Requirements (Required)	<ul> <li>Completed application and any additional information sheets.</li> <li>Two (2) sets of assembled and bound drawings on paper sized at a minimum of 18 in. x 24 in. and drawn to an acceptable architectural scale (preferably 1/4 in. = 1 ft.).</li> <li>If variance concerns accessible route into the structure, a detailed site plan must be provided.</li> <li>Petition form may contain multiple variance requests.</li> <li>FEE SCHEDULE : For an up-to-date listing of fees, please see the Fee Schedule listed on our website (www.dli.pa.gov/Individuals/Labor-Management-Relations/bois) or contact our office for a copy of the Fee Schedule by telephone at 717-787-3806 option 1 or by fax at 717-783-5002.</li> <li>Submit the application, all necessary documentation and check or money order for the appropriate fee, made payable to the Commonwealth of Pennsylvania to:         <ul> <li>Department of Labor &amp; Industry</li> <li>Accessibility Advisory Board</li> <li>651 Boas Street, Room 1600</li> <li>Harrisburg, PA 17121-0750</li> </ul> </li> <li>Direct questions to: 717-787-3329 website information: www.dli.pa.gov</li> </ul>	
Code Information (Required)	Construction involves New Building	
	Construction involves Existing Building	
	□ 2012 IBC Chapter 34 □ 2012 IEBC □ 201	015 IEBC
FOR L&I USE ONLY	Check #: Amount:	Bates #:

Municipal Code Official Information	BCO Name Telephone Does the Municipality have an "Accessibility Inspector/Plan Examiner"? Yes No If yes, Name of Individual	
Appeal of Building Code Official (BCO) Decision (If Applicable)		
Extension of Time Request (If Applicable)	L&I or Municipal Order No Date Requested to Comply with L&I or Municipal Order Please attach copy of Order and detail the reasons for the extension. Also indicate whether, if granted, this will subject building occupants to conditions that do not comply with the UCC. If additional space is required, please attach additional 8 1/2" x 11" pages.	
Request for Variance(s) (If Applicable)	<ul> <li>Please provide <u>all</u> of the following information <u>for each variance requested</u>. A failure to provide sufficient information will result in the return of your variance request(s) and delay the Board's consideration of your request(s).</li> <li>Indicate what prompted the need to seek a variance. (Some examples: The use and occupancy classification is changing from a "U" to an "M"; the occupant load is changing, a the International Plumbing Code mandates an additional restroom; extensive alterations will be made to an area of primary function.)</li> <li>The <u>specific code</u> and the <u>section(s) of the code</u>, and <u>any referenced standard</u> mentioned in the specified section(s).</li> <li>Indicate on your plans what portions of the building will be affected by the variance request</li> <li>Detail what your alternative approach entails and any measures that will provide an equivalent degree of compliance with the intent of the UCC.</li> <li>State the reasons for the requested variance, including why the strict letter of the code is impractical and why the modification would not lessen accessibility, health, life and fire safety or structural requirements in the listed code section(s). If additional space is required, please attach additional 8 ½" x 11" pages.</li> </ul>	

Department of Labor & Industry | Bureau of Occupational & Industrial Safety | Building Plan Review Division 651 Boas Street | Room 1600 | Harrisburg, PA 17121-0750 | 717.787.3806 option 1 | Fax 717.783.5002 | www.dli.pa.gov