



BUILDING APPEALS APPLICATION

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Pocono Pines, PA 18350
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Please circle one: Appeal Variance

APPLICANT INFORMATION

Applicant: _____ Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Email Address: _____ Fax: _____

REPRESENTATIVE INFORMATION

Representative: _____ Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Email Address: _____ Fax: _____

PROPERTY OWNER INFORMATION

Property Owner: _____ Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Email Address: _____ Fax: _____

PROPERTY LOCATION INFORMATION

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Project Name: _____ Tax Map ID No.: _____

Email Address: _____ Fax: _____

DO NOT WRITE BELOW THIS LINE—FOR TOWNSHIP USE ONLY

Date Submitted: _____ Fee: \$ _____ Cash/Check No.: _____

Received by: _____ Variance/Appeal Approved: _____

ICC Code for which the appeal is requested:

(List the applicable code section(s) behind code and attach a copy of the text of the code)

International Building Code: _____	Edition: _____
International Residential Code: _____	Edition: _____
International Existing Building Code: _____	Edition: _____
International Fire Code: _____	Edition: _____
International Mechanical Code: _____	Edition: _____
International Plumbing Code: _____	Edition: _____
International Fuel Gas Code: _____	Edition: _____
International Energy Conservation Code: _____	Edition: _____
International Urban-Wildlife Interface Code: _____	Edition: _____
ICC Electrical Code: _____	Edition: _____

The Pennsylvania Construction Code Act for which the appeal is requested:

(List the applicable code sections and attach a copy of the text of the Act)

Section(s): _____

The Uniform Construction Code for which the appeal is requested:

(List applicable code sections and attach a copy of the text of the code)

Section(s): _____

Supporting Documentation and/or Relief Requested:

(Use a separate sheet if necessary)
