



**BOROUGH OF NEW HOPE**

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**UNIFORM CONSTRUCTION CODE BOARD OF APPEALS APPLICATION  
TO BE COMPLETED BY APPLICANT**

**Site Address / Location:**

Plan Name

Address

Plan Date

27-

County Deed Book Page Number

Parcel Number

**Applicant Information:**

**Agent or Attorney Information:**

Applicant Name

Agent or Attorney Name

Contact Name if Different than Applicant

Contact if Different than above

Address

Address

City State Zip

City State Zip

Phone

Phone

Email

Email

**Owner of Record:**

**Architect:**

Applicant Name

Agent or Attorney Name

Contact Name if Different than Applicant

Contact if Different than above

Address

Address

City State Zip

City State Zip

Phone

Phone

Email

Email

**Brief Narrative / Description of Project:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of Relief Requested: \_\_\_\_\_ Variance \_\_\_\_\_ Appeal \_\_\_\_\_ Time Extension

Applicable Section and Requirement of the Uniform Construction Code:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific Relief Requested (attach additional information, as necessary)

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*ATTACH COPIES OF THE RELEVANT SECTION(S) OF THE UNIFORM CONSTRUCTION CODE AND, IF APPLICABLE, TECHNICAL DOCUMENTATION SUPPORTING THE VARIANCE OR APPEAL.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY THE BOROUGH**

FILING FEE PAID	\$ _____	DATE APPLICATION RECEIVED	_____
DATE PAID	_____	DATE OF SUBMISSION TO	_____
HEARING DATE	_____	BOARD OF APPEALS	_____
		DATE OF DECISION	_____