



# BRITISH COLUMBIA

## BUILDING CODE APPEAL BOARD APPLICATION FORM

Complete and return 6 copies of this form along with 6 copies of your Building Code Appeal submission.  
The applicant must complete Section 1 & the building official must complete Section 2 to acknowledge the dispute.  
**Both sections must be completed before the application is submitted to the Appeal Board**

Mail completed form to: Secretary, Building Code Appeal Board  
PO Box 9844 Stn Prov Govt, Victoria, BC V8W 9R3 (5<sup>th</sup> Floor, 609 Broughton St.)

### SECTION 1

#### BUILDING INFORMATION

Address: Street \_\_\_\_\_  
City \_\_\_\_\_  
Building Type (office, apartment, house, etc.): \_\_\_\_\_  
Code Classification (Group, Division): \_\_\_\_\_  
Applicable Code: 19\_\_\_\_ B.C. Building Code  B.C. Plumbing Code

#### APPEAL SUMMARY

Code Reference Number(s): \_\_\_\_\_  
Brief Summary of Dispute: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### APPELLANT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company: \_\_\_\_\_ Fax: \_\_\_\_\_  
Street: \_\_\_\_\_ E-mail: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Documentation Attached (6 copies required):  
 Written Documentations  Details and/or Plans  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 2

#### BUILDING OFFICIAL

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Municipality: \_\_\_\_\_ Fax: \_\_\_\_\_  
Street: \_\_\_\_\_ E-mail: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_