



Complete and return 6 copies of this application form along with 6 copies of your Building Code Appeal submission. The applicant must complete Section 1 and 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 (or Courier: 6th Floor, 614 Humboldt St.)

SECTION 1

BUILDING INFORMATION

Address: Street _____
City _____
Building Type (office, apartment, house, etc.): _____
Code Classification (Group, Division): _____
Applicable Code: 2006 or _____ BC. Building Code BC 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: _____