

Building Code Appeal Board APPEAL APPLICATION

Building Act, Part 4

Submit by email

<u>BuildingCodeAppealBoard@gov.bc.ca</u> (PDF attachments only)

Mailing Address: Building Code Appeal Board Unit 1270 – 605 Robson Street Vancouver BC V6B 5|3 Courier Address: Building Code Appeal Board Unit 1270 – 605 Robson Street Vancouver BC V6B 5J3

Purpose:

Use this form to request an appeal of a BC Code decision made by a Local Authority.

How to complete:

You may complete this form using a computer or by hand. If completing by hand, please print clearly.

APPEAL NUMBER:

Building Code Appeal Board use only

Instructions:

- 1. Complete sections A and B and deliver to the Local Authority, preferably by email.
- 2. Ask the Local Authority to complete and sign section C and return to you. They may provide this in print or a scanned copy by email.
- 3. Complete and sign section D and compile your application and supporting documents. Documents must be in PDF format if you are submitting by email.
- 4. Send your application by email to <u>BuildingCodeAppealBoard@gov.bc.ca</u>. You may also mail or courier a print application to the addresses above.

For more information, visit www.gov.bc.ca/buildingcodeappeal

What to expect next: The Building Code Appeal Board meets twice monthly to review applications. Decisions usually take two to five weeks from when an application is received. Incomplete or mailed applications may result in a delay.

A Which building is this appeal for? ADDRESS - Full street address DESCRIPTION - Describe the building design as it applies to the BC Building and/or Plumbing Code(s) under dispute. Describe elements related to the appeal such as building height, area, occupancy classification(s), accessibility, combustibility, fire protection. Include building drawings, where possible (recommended).

I am including building drawings that illustrate the decision under dispute.

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BC CODE		EDITION - Example: 2024	REVISION - If applicable
Building Code	Plumbing Code		
	NDER DISPUTE - Reference BC Codes for information o	s must be to the Sentence(s), Cloon the numbering system.	ause(s), or Subclause(s).
This section is to be comple		mation (municipality, regional district, to ion <u>must</u> be made by a Local Au	
		BC Code decision that is being a	ppealed. Reference the
) - Describe the reason(s) for ne Local Authority's position	r the Local Authority's decision. n.	Additional information ca
* h	-1:4:	pport the Local Authority's po	-!4!

SIGNATURE DATE

TELEPHONE NUMBER

EMAIL ADDRESS

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LOCAL AUTHORITY

REPRESENTATIVE NAME

	nation ilding, or a person, other than an employee, retained under n, construction, alteration, repair, or demolition services.
MY POSITION - Describe the reason(s) you dispute the application. You can attach additional information to	e decision made by the local authority resulting in this support your position.
I am including additional information to sup	port my position. COMPANY NAME - If applicable
ADDRESS - Mailing address including postal code	TELEPHONE NUMBER
	EMAIL ADDRESS

Personal Information Collection Notice

DATE

SIGNATURE

Personal information provided on this form is collected, used and disclosed under the authority of the *Freedom of Information* and *Protection of Privacy Act* (FOIPPA) and the *Building Act* for the purposes of appeal. Questions about use and disclosure can be directed to the Secretary by email at BuildingCodeAppealBoard@gov.bc.ca.

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