COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT State Building Codes Office and Office of the State Technical Review Board Main Street Centre, 600 E. Main Street, Suite 300, Richmond, Virginia 23219

Tel: (804) 371-7150, Fax: (804) 371-7092, Email: sbco@dhcd.virginia.gov

APPLICATION FOR ADMINISTRATATIVE APPEAL

Regulation Serving as Basis of Appeal (check one):

	Uniform Statewide Building Code ☐ Virginia Construction Code ☐ Virginia Existing Building Code ☐ Virginia Maintenance Code
	Statewide Fire Prevention Code
	Industrialized Building Safety Regulations
	Amusement Device Regulations
Appeal	ing Party Information (name, address, telephone number and email address):
Opposi	ng Party Information (name, address, telephone number and email address of all other parties):
Additio	nal Information (to be submitted with this application) Copy of enforcement decision being appealed Copy of the decision of local government appeals board (if applicable) Statement of specific relief sought
	CERTIFICATE OF SERVICE
I hereby	y certify that on the day of, 202, a completed copy of this
applica	tion, including the additional information required above, was either mailed, hand delivered, emailed or
sent by	facsimile to the Office of the State Technical Review Board and to all opposing parties listed.
	Note: This application must be received by the Office of the State Technical Review Board within five (5) working days of the date on the above certificate of service for that date to be considered as the filing date of the appeal. If not received within five (5) working days, the date this application is actually received by the Office of the Review Board will be considered to be the filing date.
Signatu	re of Applicant:
Name o	of Applicant: (please print or type)