



TOWN OF WARRENTON

Community Development Department

PO BOX 341
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LOCAL BOARD OF BUILDING CODE APPEALS BUILDING CODE APPEAL REQUEST

PROJECT INFORMATION

Project Name: _____
Project Address: _____
Permit Number or Case Number: _____
Tax Map or PIN#: _____

APPLICANT INFORMATION

Applicant Name: _____
Street Address: _____
State: _____
Zip Code: _____
Phone: _____
Email: _____

OWNER INFORMATION

Check if same as applicant

Owner: _____
Street Address: _____
State: _____
Zip Code: _____
Phone: _____
Email: _____

APPEAL INFORMATION

Appealing decision made by the: Building Official Fire Official Property Maintenance Official

On (date): _____

Codes (IBC, IMC, IPMC, Etc.) and edition year: _____

Code Section: _____

REQUEST/SOLUTION

Describe the code or design deficiency and practical difficulty in complying with the code provision: (Attach and number any additional pages as needed.)
