



# CAPE CHARLES BOARD OF BUILDING CODE APPEALS APPLICATION

Town of Cape Charles Building Department  
Municipal Building  
2 Plum Street  
Cape Charles, VA 23310  
(757) 331-2176 Fax: (757) 331-4820  
[codeofficial@capecharles.org](mailto:codeofficial@capecharles.org)

**Appeal Fee: Non-refundable \$250.00**  
**Fee must be paid at the time of application for appeal**

Date: \_\_\_\_\_ Permit#: \_\_\_\_\_

Relationship of applicant to this permit (IE: owner, contractor, etc.): \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Applicant's Email: \_\_\_\_\_

Briefly describe below why you are appealing to the CCBBCA. If necessary, you may attach additional information to this form:

In accordance with the Virginia Uniform Statewide Building Code, I am requesting a determination be made by the Cape Charles Board of Building Code Appeals. The basis for the appeal is that:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The appeal involves code section(s) \_\_\_\_\_ of the

- Uniform Statewide Building Code     Int. Building Code     IRC Building Code
- Int. Plumbing Code     Int. Mechanical Code     National Electrical Code
- Other \_\_\_\_\_ Code Year \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received by the Code Official: \_\_\_\_\_

Code Official's Signature: \_\_\_\_\_

### **Official Use**

- Grant     Deny     Table     Withdraw

Chairman: \_\_\_\_\_ Date: \_\_\_\_\_

Notice sent to applicant by certified mail: Date: \_\_\_\_\_ Sent by: \_\_\_\_\_