Guideline H.02 – Appeals

H.02.1 PURPOSE

The purpose of this guide is to provide direction for appealing decisions or code interpretations made by the fire prevention staff.

H.02.2 SCOPE

The Fire Code creates a Board of Appeals to determine the suitability of alternate materials and methods and to provide for reasonable interpretations of the provisions of the Fire Code and its associated standards. The Board of Appeals created to hear and decide on fire prevention matters is the Building and Fire Board of Appeals of the City of Newport Beach.

H.02.3 PROCEDURE

Prior to an appeal to the Board, a request for the approval of alternate methods and materials must first be submitted to the Fire Chief or his designee for review (See NBFD Guideline H.01).

An appeal may also be requested if an applicant disagrees with a code interpretation by the Fire Chief or his designee.

SUBMITTAL PROCESS

1 The applicant shall complete the attached Building and Fire Code Board of Appeals application.

2 12 copies of the completed application and any supporting material, along with the appropriate fee must be submitted to the Newport Beach Building Department Administrative Assistant at least four weeks in advance of a Board’s scheduled hearing.
Application is hereby made for an **Appeal** of decisions, determination or interpretation of the Fire Chief as provided in Section 103.1.4 of the California Fire Code.

Application is hereby made for **Alternate Materials and Methods** as provided in Section 103.1.2 of the California Fire Code.

**PLEASE NOTE:** A completed application (12 copies) must be received no later than four weeks prior to a Board’s scheduled hearing to be considered for that hearing.

**PLEASE PRINT IN INK OR TYPE ALL INFORMATION** (If more space is required for reply, please attach additional sheets.)

Building Owner: ___________________________________ Phone: __________________________
Owner’s Address: ________________________________________________________________
Street City State Zip
Contact Person or Applicant (if other than owner): ___________________________________
______________________________________________ Phone:______________________________
Address: ____________________________________________________________
Street City State Zip
Address or location of property, which is subject of the request: ______________________
______________________________________________
Description of project proposed on property referenced above. Provide permit or plan check number if applicable.
CITY OF NEWPORT BEACH
COMMUNITY DEVELOPMENT DEPARTMENT
LIFE SAFETY SERVICES
GUIDELINES AND STANDARDS

Has a documentation of unreasonable hardship been filed?  YES _____  NO _____
If YES, please attach a copy of that request and result if applicable.

Cite specific Article and Section of the Uniform Fire Code for which an appeal or alternate materials or methods is being requested. Attach two copies of all sketches, drawings, or diagrams. [One full size set and 12 sets no larger than 8 ½” x 14”]:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

State the action you are appealing and the date of the action OR the alternate materials or methods proposed.
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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Justification: State reasons for your appeal OR alternate materials or methods request. Attach additional sheets if necessary.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Owner/Applicant Signature: ___________________________  Date: ______________
Receipt No. and Stamp: ____________________________________________________