



**Community Development Department
 Building Inspections Division
 21 S. Bruffey Street
 P.O. Box 869
 Salem, VA 24153
 Phone: 540-375-3036 Fax: 540-375-4042**

CODE MODIFICATION REQUEST FORM

PERMIT # _____

Date: _____

Applicant Name: _____

Applicant Address: _____

Email: _____

Phone: _____

In accordance with the current Virginia Statewide Building Code (VUSBC) Section 106.3 Issuance of Modifications, I desire to apply for a modification to one of the provisions of the code. I understand that the Building Official may, but is not required, to approve this modification provided that the spirit and functional intent of the VUSBC are observed and public health, welfare and safety are assured. Regardless of the Building Officials decision, this application and subsequent written decision will be made a permanent record of the City of Salem Building Inspections Division.

I hereby request to modify the Virginia Uniform Statewide Building Code in accordance with the following:

Property Owner(s) Name: _____

Property Address: _____

Occupancy Group: _____

Construction Type: _____

Code/Edition/Year Subject to Modification: _____

Section/Subsection: _____

Issue:

Proposed

Alternative(s):

I have reviewed the VUSBC requirements for code modifications. I understand that this request applies only to this specific situation and permit and does not apply to other situations and permits. This modification is subject to any conditions contained below.

Applicant Signature: _____

Applicant(s) please provide any information or relevant evidence for your modification request.

<u>BUILDING DEPARTMENT ACTION:</u>	
Approved	Building Official Signature: _____
Not Approved	Troy D. Loving