



Rouss City Hall 15 North Cameron Street Winchester, VA 22601 Telephone: (540) 667-1815 FAX: (540) 722-3618 TDD: (540) 722-0782 Website: www.winchesterva.gov

Inspections Department Building Code Modification Request Form

	Date:
	Permit No.:
Applicant's Name:	Phone No.:
Applicant's Address:	
Property for which Code modification is reque	sted:
In accordance with the provisions of the Virgir	nia Uniform Statewide Building Code, I submit this request for a code
modification to the Code, Se	ection(s) This section(s) states:
I am requesting the following:	
Note: Attach drawings, sketch, pictures, or a	additional information.
	de modifications. I understand that this request applies only to this
	ly to other situations and permits. This modification is subject to any
Sincerely,	Modification: ApprovedDenied
	Date:
Building Official's Comments:	Building Official:
	Use Group: Code/Year:

File all code modification requests with permanent records and with the Certificate of Use and Occupancy.