



FAUQUIER COUNTY  
DEPARTMENT OF COMMUNITY DEVELOPMENT

16 COURTHOUSE SQUARE, SUITE 100, WARRENTON, VIRGINIA 20186  
(540) 422-8200 / FAX (540) 422-8231

**CODE MODIFICATION REQUEST**

Building/Structure Name: \_\_\_\_\_ (Permanent File Title)

Premise Address: \_\_\_\_\_

Permit # (if applicable): \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

<i>Staff Use Only</i>
Permit # _____
Date Rec'd _____

To: County Code Official:

In accordance with the 20\_\_ Virginia Uniform Statewide Building Code (VUSBC), I wish to apply for a modification to one provision of the code, as I feel that the spirit and intent of the VUSBC are observed and public health, welfare and safety are assured. The following articulates my request for your review/action. (Describe in detail below or attach a letter):

Referenced Code Sections:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

By checking this box, I agree to electronically signing this form.

*Staff Use Only*

CODE OFFICIAL ACTION:  Approved  Denied

Signature \_\_\_\_\_

Jeff Morrow, CBO

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

\_\_\_\_\_

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