



# Code Modification Request

## COUNTY USE ONLY

Date Rec'd. \_\_\_\_\_

File No. \_\_\_\_\_

Assigned \_\_\_\_\_

### APPLICANT INFORMATION

Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Firm: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Office phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

### PROJECT INFORMATION

Name: \_\_\_\_\_

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

Permit number: \_\_\_\_\_ Plan number: \_\_\_\_\_

Code deficiency identified by (if applicable): \_\_\_\_\_

### CODE/SECTION(S)

Code(s) (IBC, IMC, IPC, PFM, etc.) and year-edition: \_\_\_\_\_

Section(s) and/or subsection(s): \_\_\_\_\_

### REQUEST/SOLUTION

Describe the code or design deficiency and practical difficulty in complying with the code provision:

Describe the proposed equivalent method of code compliance (attach supporting documentation):

Please submit the completed form and any supporting documentation to either of the addresses below.

Code Modification Review Committee  
12055 Government Center Parkway, Suite 444  
Fairfax, VA 22035-5504  
[buildingofficial@fairfaxcounty.gov](mailto:buildingofficial@fairfaxcounty.gov)