



CITY OF BUENA VISTA
 Department of Planning & Economic Development
 Building Inspections Office
 2039 Sycamore Avenue
 Buena Vista VA 24416

Alan McMahan, CBO, MPA
 Building Official
 (540) 261-8635
 inspector@bvcity.org

BUILDING CODE MODIFICATION REQUEST

Applicable: Permit #		Project Address: Click or tap here to enter text.		Date: Click or tap here to enter text.	
Owner/Owners/Agent Name: Click or tap here to enter text.			Contact Person: Click or tap here to enter text.		
Contact Address: Click or tap here to enter text.		City: Click or tap here to enter text.	State: Click or tap here to enter text.	Zip Code: Click or tap here to enter text.	
Phone Number: Click or tap here to enter text.		Email: Click or tap here to enter text.			
I hereby apply for a modification to Section: _____ of the _____					
Summary of justification for modification (attach additional description and supporting documentation as needed): Click or tap here to enter text.					
<p>In accordance with the Virginia Uniform Statewide Building Code (VUSBC) 2015, Section 106.3, Issuance of Modifications, I hereby apply for a modification to one of the provisions of the code. I understand that 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 Official's decision, this application and subsequent written decision will be made a permanent record of the City of Buena Vista Department of Planning & Economic Development.</p> <p>INITIAL HERE: _____</p>					
Name of person requesting modification: Click or tap here to enter text.				Phone: Click or tap here to enter text.	
FOR OFFICE USE ONLY					
Building Official Signature:				Date:	