



Application for Modifications Request

PERMIT RECORD NUMBER:

INSTRUCTIONS

1. California Building Code Section 104.2.4 gives the Building Official the authority to grant modifications for individual cases, upon application of the owner or the owner's authorized agent, provided that the Building Official shall first find that special individual reason that makes the strict letter of this code impractical, the modification is in compliance with the intent and purpose of this code, and that such modification does not lessen health, accessibility, life and fire safety, or structural requirements. The details of action granting modifications shall be recorded and entered in the files of the Building & Safety Division.
2. Address all communications to: County of Ventura Building & Safety Division, 800 S. Victoria Ave., Ventura, CA 93009-1720, or telephone (805) 654-2771, or email Building@VenturaCounty.gov.
3. **THIS FORM MUST BE SIGNED BY THE BUILDING OWNER OR COMPANY OFFICER.**
4. Requests for modifications that are denied by the Building Official may be appealed to the appropriate Building Board of Appeal.

APPLICANT: Fill in below this line. This application must be printed or typed.**INFORMATION**

Project Address				
Owner's Name	Owner's Mailing Address	ZIP Code	Telephone No.	Permit Status ☐ Preliminary ☐ In Plan Check ☐ Under Construction ☐ Existing Building
Designer's Name	Designer's Email Address	ZIP Code	Telephone No.	
Contact Name	Contact Email Address			

REQUEST

Clearly describe all modifications requested in lieu of the prescribed code requirements and identify relevant code section(s). Submit additional information if necessary.	Plans submitted with request? ☐ Yes ☐ No

JUSTIFICATION

State how the modification is following the intent and purpose of the code and explain how/why the code requirement in question is impractical, as required by the code, for this project. Please be detailed in the explanation. Attach supporting documentation as necessary to justify that the modification does not lessen health, accessibility, life and fire safety, or structural requirements. <i>If additional space is required, attach separate sheet.</i>

(Please Print) Name and Position

Signature of Building Owner
or Company Officer ONLY

Date