

Building Code Modification Request Form



City of Victor

500 Victor Ave, P.O. Box 86

Victor, CO 80860

719-689-2284

Applicant Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone/Email: Phone: _____ Email: _____

Signature: _____

Date: _____

Project Information

Name: (Business, Location, Site) _____

Subject Property Address: _____

Specific Request and Proposed Solution

Code or Deficiency identified (Code & Section #): _____

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 this signed form with attachments to City Hall.

For Office Use Only:

Date Received: _____ Action Required: _____

Recommendation to Council: _____

Approved: _____ Denied: _____ Conditions: _____