ANNE ARUNDEL COUNTY DEPARTMENT OF INSPECTIONS AND PERMITS

P.O. Box 6675, 2664 Riva Road Annapolis, MD 21401

REQUEST FOR MODIFICATION

Date:			
Locat	ion Address:		
Permi	t Number(s):	-	
Appli	cant:	_	
Mailii	ng Address:		
Inspec	ctor/Plan Reviewer:		
codes maint excep structi consid	Director of Inspections and Permits has the authority to approve certain modificat and accept alternative materials and methods of construction, provided the intenained. Since the codes specify minimum requirements, modifications are considerational circumstances. Modifications which alter any fire or life safety requiremental loads or working stresses, or has the potential to cause environmental harm valered. Further, modifications for items which arise as a result of preventable or cot be granted.	t of the code is ered only for nts, or reduce any will not be	
	er for a modification to be granted, the following information must be provided. rting documentation, drawings, details, and produce literature is recommended.	Additional	
1.	Nature of Request - List applicable code requirements and proposed modificati	on.	
2.	Describe the unique or exceptional circumstances, which are involved in this re-	equest.	
3.	Cite any hardship (other than financial) resulting in strict application of the cod	le.	

4.	Describe any alternative designs or compensatory provisions.		
5.	Explain why this request is not detrimenta	al to the overall safety of this structure and its occupants	
6.	Explain why this request is not detrimentate plans and will not have a negative impact	nental to the integrity of the approved grading permit and pact on the environment.	
Cour of the	nty, its officers, and any employees from any	anted, you are indemnifying and holding harmless the y suits, actions, or liabilities which may occur as a result on for residential construction must be acknowledged	
		Owner	
		Builder or Authorized Agent	
that t form	TE OF MARYLAND, COUNTY OF the State of Maryland, personally appeared _ of law that the information provided herein commission expires:	is true to the best of his/her knowledge.	
1119		Notary Public Signature	
		Notary	