



South Carolina Department of Labor, Licensing and Regulation
South Carolina Building Codes Council
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llr.sc.gov/bcc

2021 BUILDING CODE MODIFICATION REQUEST FORM

Requirements:

- All requests must be submitted by September 22, 2021.
- Each request for code modification must be submitted separately.
- A cover letter from the local jurisdiction or professional association stating that the individual is authorized to present the proposed amendment; and verification that the proposed amendment has the support of at least a majority of the members of the board or council governing the local jurisdiction or professional association proposing the modification.
- Sufficient test information, studies, data, or other documentation that would be necessary to fully explain and justify the proposed amendment
- For local modification requests only: the physical or climatological basis for the request and the reason that the suggested change would correct the condition.
- A local jurisdiction or professional association shall not propose a modification which will amend, suspend, eliminate or supersede an existing statute, policy, rule or regulation of any state or federal agency per S.C. Regulation 8-240 (H).
- **A completed modification request must be received with all required documentation before it will be reviewed.**

Statewide Modification

Local Modification: _____
(List all jurisdictions that apply.)

Association/Jurisdiction: _____

Address: _____
Street City State Zip

Name: _____ Title/Position: _____

Phone No.: _____ Email Address: _____

Please select the applicable code to be modified:

Please list the exact code section, table, figure, or appendix to be modified, and attach a photocopy of the applicable code section: _____

Code section as modified:

(Please strike through language being removed, and put language to be added in parentheses. Use additional pages as needed.)

In 200 characters or less, please briefly describe the justification for this modification request.

Per Regulation 8-240(E)(5), please list the persons with their titles and affiliations, known at the time of submittal, who will provide testimony in favor of the amendment. Due to the possibility of virtual hearings, **all information in the table below is required** to ensure proper notification. Use additional pages as needed.

| Name | Title | Affiliation | Phone Number | Email Address |
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Affirmation

I certify that all information in this form, including all supplementary documents submitted with this form, are true and correct to the best of my knowledge after undertaking due diligence to determine their accuracy.

Signature: _____ Date: _____

Title: _____