

**NEW CASTLE COUNTY
REQUEST FOR CODE MODIFICATION**

PERMIT INFORMATION

Application/Permit Number _____ Tax Parcel Number(s) _____
Project Address _____
Brief Job Description _____

Complete appropriate box

IDENTIFICATION

Applicant Name _____ Phone # (____) - ____ - ____

Contractor Name _____

Address _____

Phone # (____) - ____ - ____ **Contractor ID #** _____

I, the undersigned, am authorized to act on the behalf of the registered contractor identified above.

Applicant Signature _____ **Date** ____ / ____ / ____

Homeowner (Required only for permits issued to homeowner, not contractor)

Name _____ Daytime Phone # (____) - ____ - ____

Address _____

Homeowner Signature _____ **Date** ____ / ____ / ____

The appropriate fee for processing must accompany this request for a code modification. Upon receipt of this application and the processing fee, the applicant will receive a response in writing within 30 days.

Fee: For projects associated with Residential Group R-3 - \$50.00, all other project classifications - \$150.00

- Reason for request _____

- Applicable code section(s) _____
- Suggested alternatives to achieve compliance with intent of code _____

- Additional information or extenuating circumstances _____

--Attach additional information and/or drawings as needed--

Recommendation _____

Permits Division _____ Date _____ **Waiver Granted**

Inspections Division _____ Date _____ **Request Denied**

Building Code Official _____ Date _____