



South Carolina Department of Labor, Licensing and Regulation

South Carolina Building Codes Council

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Request for Statewide Code Modification

Jurisdiction or Organization: _____

Representative: _____ **Title:** _____

Address: _____

Phone: _____ **E-mail:** _____

Signature: _____ **Date:** _____

Code: _____ **Edition:** _____ **Section:** _____

Check One: Delete and substitute the following Delete without substitution Add the following Modify the following
 Type or print proposed modification. Use additional pages if necessary. Underline New language. ~~Line Through Deleted Language.~~

Reason: Unusually Restrictive Impractical Threat to Human Injury or Life Safety
 Type or print the reason for the proposed modification. Use additional pages if necessary.