



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Building Codes Council**  
110 Centerview Dr • Columbia • SC • 29210  
P.O. Box 11329 • Columbia • SC • 29211-1329  
Phone: 803-896-4688 • contact.bcc@llr.sc.gov • Fax: 803-704-6772  
llr.sc.gov/bcc

## 2024 LOCAL BUILDING CODE MODIFICATION REQUEST FORM

Per S.C. Regulation 8-245 and S.C. Code Section 6-9-105, the Council may grant local variations or modifications to the codes by request of a local jurisdiction, for application strictly within that jurisdiction, if the codes do not meet the local jurisdiction’s needs due to physical or climatological conditions (the terms “physical” and “climatological” are defined in S.C. Regulation 8-215)<sup>1</sup>. Proposed local modifications of building codes shall not take effect in any local jurisdiction until after they have first been reviewed and approved by the Council.

### Requirements:

- Each request for code modification must be submitted separately.
- Verification that the request for local building code modification has been approved by the governing body of the local jurisdiction making the request.
- In order to qualify for a local modification to any of the codes, the local jurisdiction has the burden of establishing the following:
  1. The requested modification is either physical or climatological in nature.
    - To qualify by **physical basis**, a jurisdiction must demonstrate that it possesses unique physical qualities, such as unusual characteristics or composition of soils, unusual geological conditions (including earthquakes), unusual geographical conditions, unusually varying or extreme ranges in the topography of the land or any other natural condition.
    - To qualify by **climatological basis**, a jurisdiction must demonstrate that it experiences weather conditions which are unusual to, confined to, occurring on a regular or seasonal cycle or determined through research or past experiences to have a high probability of reoccurrence within its area. Climatological conditions may include the known occurrence of hurricanes, tornadoes, damaging wind, snow, flooding caused by rainfall, lightning or any other form of natural climate related phenomenon.
  2. How the section(s) of the codes at issue do not meet the local jurisdiction’s needs as a result of the physical or climatological condition.
  3. The manner in which the requested modification will address the physical or climatological conditions.
  4. The manner in which the requested modification will provide a reasonable standard of public health, safety, and welfare.
- Any documentation, data, or other information as may be necessary to fully explain and justify the proposed modification.
- **A completed modification request must be received with all required documentation before it will be reviewed.**

Jurisdiction Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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<sup>1</sup> Regulation 8-215 defines “climatological” as “the susceptibility of specific unusual reoccurring weather or atmospheric conditions for a local jurisdiction, including hurricanes, tornadoes, damaging wind, lightning, or floods due to rainfall.” Regulation 8-215 defines “physical” as “the natural stable and unstable characteristics and conditions of the land area within a local jurisdiction, including topography, geography, geology, water table and seismic activity.”

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.)

Please briefly describe the justification for this modification request, including without limitation: (1) the physical or climatological basis for the request; (2) how the section(s) of the codes at issue do not meet the local jurisdiction’s needs as a result of the physical or climatological condition; (3) the manner in which the requested modification will address the physical or climatological conditions; and (4) the manner in which the requested modification will provide a reasonable standard of public health, safety, and welfare.

Please list the people with their titles and affiliations, known at the time of submittal, who will provide testimony in favor of the amendment. **All information in the table below is required** to ensure proper notification. Use additional pages as needed.

Name	Title	Affiliation	Phone Number	Email Address

**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: \_\_\_\_\_