

## 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 STATEWIDE BUILDING CODE MODIFICATION REQUEST FORM

## **Requirements:**

- All requests must be submitted by August 4, 2025.
- Each request for code modification must be submitted separately.
- A cover letter from the local jurisdiction or professional association, as defined in S.C. Regulation 8-215, 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.
- 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.

Association/Jurisdiction:				
Address:				
Street		City	State	Zip
Name:	Title/Po	osition:		
Phone No.:	Email Address:			
Please select the applicable code	to be modified:			
Please list the exact code section	n, table, figure, or appendix to	o be modified, a	nd attach a pho	tocopy of the

Code section as modified:
Please strike through language being removed and put language to be added in parentheses. Use additional pages as needed.

1 200 characters or les	ss, please briefly d	escribe the justification	on for this modific	cation request.			
er Regulation 8-240(F	EV2Ve), nlease list	the persons with the	ir titles and affilia	tions, known at the time			
submittal, who will	provide testimony	in favor of the amen	dment. All inform	nation is the table belo			
required to ensure proper notification. Use additional pages as needed.							
Name	Title	Affiliation	Phone Number	Email Address			
		I .					
ffirmation							
certify that all inform	ation in this form, ect to the best of n	including all suppler ny knowledge after u	nentary document ndertaking due dil	s submitted with this igence to determine the			
		<b>.</b>	Na.4.a.				
gnature:			vale:				
itle:							