



PLANNING

Type 1 Modification Request Form

Contact Name::	Date
Email/Phone	
Plan Title:	TRC/Building Inspection Plan Number (if Applicable):
Property Address:	
Zoning District:	
Use:	
Land Development Ordinance (LDO) section seeking to be modified:	
Basis for Modification Request: (choose one) <input type="checkbox"/> Equal or better performance <input type="checkbox"/> Property constraints prevent compliance <input type="checkbox"/> Other law prevents compliance	
Description of Constraint, Other Criteria or of Proposed Action to Achieve Equal or Better Performance (attach additional plans, drawings or other materials as needed):	

Approval by the Planning Director	Date:
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