



**CITY OF AUSTIN**  
**Development**  
**SERVICES DEPARTMENT**

Commercial/Residential Review – One Texas Center  
 505 Barton Springs Road, Austin, TX 78704; (512) 978-4000

**Request for Modification  
 or Alternate Method of Compliance**

Address:			Use:	Type of Const:	
Suite #:	Building #:	# of Stories:	Sprinkled: <input type="checkbox"/> YES <input type="checkbox"/> NO	Total Sq. Ft. of Building:	Sq. Ft. of Project:
Name of Building:		Date:	Contact Person:		
Building Owner:			Mailing Address:		
Permit # (PR,BP,EP,MP or PP):			Contact Phone #:		
			Email:		
Check One: <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Energy <input type="checkbox"/> Fire					

Proposal Description – Explain how it is equivalent or your practical difficulties in carrying out the provisions of this code.  
 (Print or Type; Attach documentation or use back of this form if needed.):

**For Office Use Only**  
 If this Modification or Alternate Method of Compliance is Not Approved the Building Official Shall respond in Writing, Stating the reason why it was not approved

Fire Department Concurrence Required       Approved       Not Approved

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_