



REQUEST FOR MODIFICATION FROM CODE OR ALTERNATE METHOD OF COMPLIANCE

ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED.

APPLICANT INFORMATION – PLEASE PRINT

Name: _____
 Company: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

PROPERTY INFORMATION:

Austin Water Account #: _____
 Property Address: _____
 City: _____ State: _____ Zip: _____
 Type of Property: Single Family Duplex Townhouse Business Office
 Apartment Restaurant Medical Building
 Other, Please be specific: _____

Project Name and Scope:				<input type="checkbox"/> Commercial <input type="checkbox"/> Residential	
				Date:	
Permit/Plan Review or Case Number:		Type of Const:		Building Name:	
Applicable Codes →	<input type="checkbox"/> BUILDING	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> FIRE	<input type="checkbox"/> TCEQ, rules/regs	<input type="checkbox"/> OTHER (please specify)
Need or Hardship:					





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Proposal Description: _____

ADDITIONAL INFORMATION:

Signatures for City of Austin Approval:

Approved by:

_____	_____	_____	_____
Print Name	Signature	Title	Date
_____	_____	_____	_____
Print Name	Signature	Title	Date
_____	_____	_____	_____
Print Name	Signature	Title	Date
_____	_____	_____	_____
Print Name	Signature	Title	Date

Forward this report to:
City of Austin
Special Services Division
3907 South Industrial Drive, Ste. 100
Austin, TX 78744-1070

Phone # (512) 972-1060
Fax # (512) 972-1260

www.austintexas.gov/department/special-services-water-protection

