DATE _____

**COMMUNITY DEVELOPMENT DEPARTMENT**
**760 Mattie Road, Pismo Beach CA 93449**
**Telephone (805) 773-7040 or Fax (805) 773-4684**

# APPLICATION FOR AN ADMINISTRATIVE REVIEW, INTERPRETATION OR MODIFICATION REFERENCE CITY OF PISMO BEACH CONSTRUCTION CODE: SECTION 104

☐ **ADMINISTRATIVE REVIEW** ☐ **INTERPRETATION** ☐ **MODIFICATION**

| PROJECT NAME | PROJECT ADDRESS **(EXACT)** | PROJECT NO. |
|---|---|---|
| OWNERS NAME | ADDRESS ZIP CODE | PHONE |
| APPLICANT'S NAME (NOT COMPANY NAME) | APPLICANT'S ADDRESS | PHONE |
| RELATIONSHIP TO PROJECT AND COMPANY NAME | **COMMUNITY DEVELOPMENT DEPT. STAFF FAMILIAR WITH PROJECT** | |

A request is hereby made for an appeal, interpretation or modification related to Section(s)_____ of the Construction Code, which require(s) that:
**(use attachment if necessary):**

State the precise relief, remedy, or result requested:
**(use attachment if necessary):**

State the factual and/or legal basis for the appeal, interpretation, or modification. If a modification is requested, include the reason(s) why the proposed modification of the code meets the intent of the code:
**(use attachment if necessary):**

_____ _____
**IF APPLICANT IS NOT THE OWNER OR THE OWNER(S) ARCHITECT OR ENGINEER, THEN THE OWNER'S SIGNATURE MUST APPEAR ON THE LINE ABOVE**

APPLICANT'S SIGNATURE TITLE

Approved Approved with Stipulations Denied

Attendees:_____

_____

DATE BUILDING OFFICIAL