

City of Atascadero

Cost per Request: \$149.94 cash/check

Community Development Department

PUBLIC INFORMATION - BUILDING SERVICES

Community Development Department, 6500 Palma Avenue , Atascadero, CA 93422 , (805) 461-5035, fax (805) 461-7612

Request for Modification of the Code and/or Request for Alternative Material/Design or Method of Construction

SEISMIC DESIGN CATEGORY C, D or E - CLIMATE ZONE 4 - WIND ZONES 85 M.P.H - EXPOSURE ZONE "B" OR "C"
ZONING ORDINANCE - NATIVE TREE ORDINANCE - ATASCADERO MUNICIPAL CODE - 2022 CBC - 2022 CRC - 2022 CPC - 2022

□ REQUEST FOR MODIFICATION OF CODE					
■ REQUEST FOR ALTERNATE MATERIAL, DESIGN OR METHOD OF CONSTRUCTION					
To apply for this request, complete sections 1, 2, & 3 (ink or type) SITE ADDRESS			APN		
CITY ZIP		ZIP	CROSS STREET		
Owner					
AddressCity/Zip			PC #:		Type:
1	EmailPhone		Permit #:		Stories:
			PA #:		Occupancy:
ApplicantT Address			Div./Dept		Occ. Load:
EmailPhone			Job Status:		Use of Bldg:
2 REQUEST: For code modifications, please state the applicable code requirement and the extent of relief desired. For alternate requests, state the type of system					
proposed and design methods. Submit plans if necessary to illustrate request. Additional sheets or data may be attached.					
JUSTIFICATION/FINDINGS OF EQUIVALENCY: For code modifications, applicant shall demonstrate that special, individual reasons exist that make compliance with the strict letter of the ordinance impractical and that equivalency is provided. For alternate requests, applicant shall demonstrate suitability, strength,				Code Sec	tion(s):
effectiveness, fire resistance, durability, safety and sanitation that is equivalent to the code for a similar use. Attach additional sheets if necessary.					
The state of the s					
	oner's	Potes	Revie		Data
Signa	ature: Position: Position:	Date:	ву:		Date:
DEPARTMENT ACTION: After determination, copies to: 1) applicant, 2) permit file					
The Request is: GRANTED DENIED Dept. Comments:					
CONDITIONS OF APPROVAL:					
					No. of Items:
					ee Due: \$
					Date Paid:
				F	Receipt No.:
				F	Processed by:
Building Official: Print Name:					Date: