



Local Amendments to Statewide Adopted Code(s)

(circle one)

Plumbing

Electrical

Elevator

Boiler

Name:	Subcommittee:
Affiliation:	Applicable Code Section(s):
Address:	
City, State, Zip:	Phone
Code Change No:	FAX:

In the space below, indicate your comments, including supporting reasons. Proposed text revisions, if any, must be specific and indicated by lining through deleted material and underscoring material to be added. Additional pages, if necessary, may be plain bond.

USE SEPARATE SHEETS FOR SEPARATE TOPICS

Proposed Change:

Reason for Change:

(use additional sheets as necessary)