

**REQUEST FOR WAIVER, MODIFICATION, OR FIELD CHANGE
BOTETOURT COUNTY EROSION AND SEDIMENT CONTROL AND
STORMM WATER REGULATIONS**

Date: _____

Item/Standard: _____

Project: _____

Person Making Request:

Name & Title

Telephone Number

Justification/Reason for Request:

Botetourt County Official Reviewing Request:

Name & Title

Botetourt County Officials Comments:

_____ **APPROVED**

_____ **DISAPPROVED**

Botetourt County Reviewer

Date

Development Services Manager

Date