

Appendix A – Proposal for Change to the Manual

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

FIRM: \_\_\_\_\_

TELEPHONE (\_\_\_\_) \_\_\_\_\_

PROPOSED CHANGE:   ARTICLE NO.   \_\_\_\_\_

                                  SECTION NO.   \_\_\_\_\_

                                  PARAGRAPH NO. \_\_\_\_\_

EXISTING LANGUAGE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PROPOSED LANGUAGE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMENT OR REASON FOR PROPOSED CHANGE IN LANGUAGE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EACH PROPOSED COMMENT OR CHANGE MUST REFER TO A SPECIFIC SECTION AND MUST BE SUBMITTED ON A SEPARATE SHEET. ALL PROPOSED CHANGES IN LANGUAGE MUST BE SUBMITTED ON OR BEFORE 15 APRIL OR 15 OCTOBER TO:

DIRECTOR OF COMMUNITY DEVELOPMENT  
345 SOUTH MAIN STREET  
HARRISONBURG, VIRGINIA 22801