



State of Connecticut
Department of Administrative Services
Office of State Fire Marshal



APPLICATION FOR REQUEST FOR MODIFICATION OF A REQUIREMENT OF A FIRE SAFETY REGULATION
 ADOPTED PURSUANT TO CHAPTER 541 OF THE CONNECTICUT GENERAL STATUTES

Local Reference No.: _____

Facility Name: _____

Facility Address: _____ **CT** _____
Number Street City State Zip

Facility Owner: _____ Telephone: _____

Owner's Address: _____
Number Street City State Zip

Applicant's Name: _____ Telephone: _____

Applicant's Address: _____
Number City State Zip

Applicant's e-mail: _____

Contact Person: _____ Telephone: _____

Type of Facility: _____
Office Building, LP-Gas Bulk Plant, Automotive Service Station, etc.

This Facility is: New; Existing; Renovation; Addition; Change of Use/Occupancy: from _____ to _____
Class or Sub-Class

Date of Construction: _____ Date of Present Use/Occupancy: _____

Date of Application for the Building Permit: _____

Previous Modifications for this Facility: Unknown; No; Yes, Modification Number(s): _____

Check if a Modification Request to the State Building Code is being submitted to the Office of State Building Inspector.

I, the above named applicant, being a lawful agent of the owner, request modification/relief from a requirement of the Connecticut:

State Fire Safety Code pursuant to CGS §29-296; State Fire Prevention Code pursuant to CGS §29-291b

Applicable Edition of the Code: _____

For the requirement as prescribed in:

(Part) /Section Number: _____ Referenced Standard and Section: _____
(If Applicable) NFPA 13, NFPA 30, NFPA 72, etc.

I request this modification/relief due to the following reasons:

Practical Difficulty Unnecessary Hardship Requirements Unwarranted

Describe area of non-conformance with the appropriate regulation, its location in the facility, and a brief description why code compliance cannot be achieved, specify dimensions as applicable.

Separate Sheet Attached

I intend to provide the following safeguard(s) as an alternative measure to secure public safety in lieu of strict compliance with the requirement noted above:

Separate Sheet Attached

In addition the following are enclosed

Plans/Drawings/Sketches;

Photographs;

Product Data Sheets

Supplement Information Sheet

Other

as necessary for clarification of the information provided.

AFFIDAVIT

I certify that, to the best of my knowledge and belief, the foregoing statements are true and made in good faith.

Applicant's Signature

Date

FOR LOCAL FIRE MARSHAL USE

I, Support, Do NOT Support, this Request for Modification to the Connecticut

State Fire Safety Code;

State Fire Prevention Code

as identified above to (Part) / Section:

because of the following reasons:

Separate Sheet Attached

Fire Marshal

Reviewer's Signature / Title

Telephone Number

Date

Contact me regarding this Request.

STATE FIRE MARSHAL

The response of the Commissioner of Public Safety/State Fire Marshal to this request in accordance with Connecticut General Statutes § 29-_____ is attached on a separate sheet.

Supervisor's Initials

APPLICATION FOR REQUEST FOR MODIFICATION OF A REQUIREMENT OF A FIRE SAFETY REGULATION
SUPPLEMENT INFORMATION SHEET

If Modification request is for a building or structure, please complete the following:

Date of Construction: _____ Date of Occupancy for Present Use: _____

Number of Stories (Above grade) _____ Dimension / Area Per Floor: _____

Attic: Full Partial None

Basement – # of Levels: _____ Full Partial None

Finished Storage Crawl Space

Type of Occupancy (Check all that apply) **New** **Existing** **Addition** **Renovation**

Change of Use/Occupancy: From _____ to _____

Assembly A- _____ **Detention I-** _____ **Residential Board** **Hotel/Motel R-** _____

Occupant Load: _____ persons Condition II Large Small **Lodging/Rooming R-** _____

Educational / E Condition III Prompt Bed & Breakfast

Business / B Condition IV Slow **1 & 2 Family / R-3**

Single Tenant Condition V Impractical **Industrial F-** _____

Multiple Tenant **Apartment / Dorm R-** _____ **Storage S-** _____

Mercantile / M No. of Units: _____ **Health Care I** _____ **High Rise**

Class A **Day Care** E / I- _____ Hospital **Underground**

Class B Adult Nursing Home **Windowless**

Class C Family Ambulatory **Other:** _____

Covered Mall Group Limited **Other:** _____

Type of Construction per: NFA 220 Connecticut Building Code

Type I **Type II** **Type III** **Type IV** **Type V**

I (443) II (222); IB III (211); IIIA (2HH); HT V (111); VA

I (332); IA II (111); IIA III (200); IIIB V (000); VB

II (000); IIB

Approved Systems Provided (Check all that apply):

Automatic Sprinklers

NFPA 13 Throughout the Building

NFPA 13R Partial: Location _____

NFPA 13D Electrically Supervised

CSFSC 903.3.5.1.1 / 9.7.1.2 (6 heads or fewer)

Location: _____

Emergency Lighting **Kitchen Hood System**

Smoke Control **Standpipe;** Class: _____

Fire Alarm

Manual Activation Occupant Notification

Automatic Activation General Zoned

Throughout the Building Voice Evacuation

Partial Location: _____

Water Flow Special System: _____

Other Activation Means: _____

Other Systems: _____

Other Information