

State of Connecticut, Department of Public Safety
Division of Fire, Emergency & Building 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**

Reference No. _____

Facility Name: _____

Facility Address: _____
Number Street City State Zip

Facility Owner: _____ Telephone: _____

Owner's Address: _____
Number Street City State Zip

Applicant's Name: _____ Telephone: _____

Applicant's Address: _____
Number Street City State Zip

Contact Person: _____ Telephone: _____

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

This Facility is: New; Existing; Renovation; Date of Construction: _____; Date of Present Use: _____

Previous modifications for this Facility: Unknown; No; Yes, Modification Numbers: _____

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 CT:

- | | |
|---|--|
| <input type="checkbox"/> Moving Picture Theater Code pursuant to C.G.S. § 29-109 | <input type="checkbox"/> Gas Equipment & Piping Code pursuant to C.G.S. §29-329(c) |
| <input type="checkbox"/> Amusements/Tent and Portable Shelter Codes pursuant to C.G.S. § 29-140 | <input type="checkbox"/> Liquefied Petroleum Gas & Liquefied Natural Gas Code pursuant to C.G.S. §29-333 |
| <input type="checkbox"/> State Fire Safety Code pursuant to C.G.S. §29-296 | <input type="checkbox"/> Hazardous Chemical Code pursuant to C.G.S. §29-338 |
| <input type="checkbox"/> Oil Burning Equipment Code pursuant to C.G.S. §29-317(c) | <input type="checkbox"/> Fireworks and Special Effects Code pursuant to C.G.S. §29-357(c) |
| <input type="checkbox"/> Flammable & Combustible Liquids Code pursuant to C.G.S. §29-321 | <input type="checkbox"/> Model Rocketry Code pursuant to C.G.S. §29-368 |

For the requirement as prescribed in:

Regulation Number: _____, Standard: _____, Section Number: _____
29-292-8d, 29-317-1b (If Applicable) NFPA 30, NFPA 54, etc Identify Section Number

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

- Equivalent Alternative Practical Difficulty 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 of the _____ Section _____ noted above:

Insert Name of Regulation for which Modification/Relief is being Requested

Identify section of Code/Regulation

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.

Applicant's Signature & Telephone Number

Date

FOR LOCAL FIRE MARSHAL USE

I, Support, Do NOT Support, this Request for Modification to Connecticut _____;

Identify Code by Name; i.e. Fire Safety Code, Oil Burning Equip Code

Regulation of Connecticut State Agency _____ inclusive; as identified above to Section

Insert regulation Number i.e. 29-292-8d, 29-317-3a, etc.

_____ because of the following reasons:

Identify code flow i.e. occupancy chapter, core chapter as applicable

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 of building**

Change of Occupancy: From _____ to _____

<input type="checkbox"/> Assembly Occupant Load: _____ persons	<input type="checkbox"/> Detention <input type="checkbox"/> with locking II	<input type="checkbox"/> Residential Board <input type="checkbox"/> Large <input type="checkbox"/> Small	<input type="checkbox"/> Hotel/Motel/Dorm <input type="checkbox"/> Lodging/Rooming <input type="checkbox"/> Bed & Breakfast
<input type="checkbox"/> Educational	<input type="checkbox"/> with locking III	<input type="checkbox"/> Prompt	<input type="checkbox"/> 1 & 2 Family
<input type="checkbox"/> Business <input type="checkbox"/> Single Tenant <input type="checkbox"/> Multiple Tenant	<input type="checkbox"/> with locking IV <input type="checkbox"/> with locking V	<input type="checkbox"/> Slow <input type="checkbox"/> Impractical	<input type="checkbox"/> Industrial <input type="checkbox"/> Storage <input type="checkbox"/> High Rise
<input type="checkbox"/> Mercantile <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Covered Mall	<input type="checkbox"/> Apartment No. of Units: _____ <input type="checkbox"/> Day Care <input type="checkbox"/> Adult <input type="checkbox"/> Family <input type="checkbox"/> Group	<input type="checkbox"/> Health Care <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Ambulatory <input type="checkbox"/> Limited	<input type="checkbox"/> Underground <input type="checkbox"/> Windowless <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

Type of Construction per NFPA 220: (Check all that apply)

<input type="checkbox"/> Type I <input type="checkbox"/> I (443) <input type="checkbox"/> I (332)	<input type="checkbox"/> Type II <input type="checkbox"/> II (222) <input type="checkbox"/> II (111) <input type="checkbox"/> II (000)	<input type="checkbox"/> Type III <input type="checkbox"/> III (211) <input type="checkbox"/> III (200)	<input type="checkbox"/> Type IV <input type="checkbox"/> (2HH)	<input type="checkbox"/> Type V <input type="checkbox"/> V (111) <input type="checkbox"/> V (000)
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Approved Systems Provided (Check all that apply):

<input type="checkbox"/> Automatic Sprinklers <input type="checkbox"/> NFPA 13 <input type="checkbox"/> Throughout the Building <input type="checkbox"/> NFPA 13R <input type="checkbox"/> Partial: Location _____ <input type="checkbox"/> NFPA 13D <input type="checkbox"/> Electrically Supervised <input type="checkbox"/> CSFSC 7-7.1.2 Isolated Hazardous Area System Location: _____	<input type="checkbox"/> Fire Alarm <input type="checkbox"/> Manual Activation <input type="checkbox"/> Occupant Notification <input type="checkbox"/> Automatic Activation <input type="checkbox"/> General <input type="checkbox"/> Zoned <input type="checkbox"/> Throughout the Building <input type="checkbox"/> Voice Evacuation <input type="checkbox"/> Partial Location: _____ <input type="checkbox"/> Water Flow <input type="checkbox"/> Special System: _____ <input type="checkbox"/> Other Activation Means: _____
<input type="checkbox"/> Emergency Lighting <input type="checkbox"/> NFPA 96 Hood System	<input type="checkbox"/> Smoke Control <input type="checkbox"/> Standpipe ; Class: _____ <input type="checkbox"/> Other Systems: _____

Other Information: _____

