



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

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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

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

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

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

<input type="checkbox"/> <b>Automatic Sprinklers</b> <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"/> <b>Fire Alarm</b> <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"/> <b>Emergency Lighting</b> <input type="checkbox"/> <b>NFPA 96 Hood System</b>	<input type="checkbox"/> <b>Smoke Control</b> <input type="checkbox"/> <b>Standpipe; Class: _____</b> <input type="checkbox"/> <b>Other Systems: _____</b>

Other Information: \_\_\_\_\_

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