

DEPARTMENT OF ADMINISTRATIVE SERVICES

REQUEST FOR ACCESSIBILTY EXEMPTION OF THE STATE BUILDING CODE

(Per C.G.S. Section 29-269 (b))

File #:	
Office Use Only	

1.	Name:		_	2. Compa	any:				
3.	Telephone:	_	4. Email:						
5.	Address:								
	Street Address			Town			State		Zip Code
6.	Is the applicant also the owner?	☐ Yes	□ No	If no, please include owner's written authorization of					ion of you as agent
<u>SUI</u>	BJECT PROPERTY								
7.	Name of building:								
8.	Address:			Town			State		Zip Code
9	Owner:								,
٦.	Name	Address							
10.	Use group:		11. Cha	nange of use:]		If yes,	from :
	Per CT SBC, S.302 IBC				Y	es	No		to:
12.	Type of construction:	13. Number of stories:							
14.	Area of building in square feet:	Whole	building	ouilding: Addition or alterati					n:
15. Check applicable designation:		□ New Building			☐ Addition	☐ Alteration		Other (explain):	

Office of the State Building Inspector

Tel: 860-713-5900

HE APPEAL
7. Cost of building alterations or additions: \$
3. Replacement cost of building (excluding land value): \$
Building code section(s) that accessibility exemption is requested from:
Clearly state the accessibility exemption sought so reviewers will be able to act without unnecessary delay:
Copy sent to local building official? Yes No
2. Include two (2) sets of plans (sketch) with dimensions and/or two (2) sets of photos with this application to illustrate your request.
AFFIDAVIT
certify that, to the best of my knowledge and belief, the foregoing statements are true and made in good faith.
pplicant's Signature Date

Note: Please type or print clearly. Complete application in its entirety. Any missing information may result in delays. Return completed application to the above address.