



State of Connecticut, Department of Administrative Services  
Office of the State Fire Marshal/Office of the State Building Inspector



**APPLICATION FOR REQUEST FOR VARIATION OR EXEMPTION FROM THE REQUIREMENTS OF  
SUBSECTION (A) OF SECTION §29-315 OF THE CONNECTICUT GENERAL STATUTES**

Local 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: \_\_\_\_\_

This Facility is (check all that apply):  New;  Existing;  Addition;  Renovation;  Change of Occupancy

Date of Application for Building Permit(s) - Existing Portion(s): \_\_\_\_\_ Proposed New Portion(s); \_\_\_\_\_

Date Present Use Established: \_\_\_\_\_

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

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 Construction per NFPA 220: (Check all that apply)

<input type="checkbox"/> <b>Type I</b>	<input type="checkbox"/> <b>Type II</b>	<input type="checkbox"/> <b>Type III</b>	<input type="checkbox"/> <b>Type IV</b>	<input type="checkbox"/> <b>Type V</b>
<input type="checkbox"/> I (443)	<input type="checkbox"/> II (222) IB	<input type="checkbox"/> III (211) IIIA	<input type="checkbox"/> (2HH) HT	<input type="checkbox"/> V (111) VA
<input type="checkbox"/> I (332) IA	<input type="checkbox"/> II (111) IIA	<input type="checkbox"/> III (200) IIIB		<input type="checkbox"/> V (000) VB
	<input type="checkbox"/> II (000) IIB			

Approved Systems Provided (Check all that apply):

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

Other Information

Separate Sheet Attached

I, the above named applicant, being a lawful agent of the owner, request variation or exemption from the requirements of subsection (a) of section §29-315 of the Connecticut General Statutes.

I request this variation or exemption due to the following reasons:

Unnecessary Hardship     Practical Difficulty     Requirements Unwarranted

as described below: \_\_\_\_\_

Describe area of non-conformance with the statutory requirement, its location in the facility, and a brief description why code compliance can not 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 requirements of the statute 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.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

### STATE FIRE MARSHAL/STATE BUILDING INSPECTOR

The response of the State Fire Marshal and the State Building Inspector to this request in accordance with Connecticut General Statutes § 29-315 is noted below:

This request is:

Approved     Approved in part     Denied

Based on the following reasons:

With the following stipulations:

1. The municipality in which such educational occupancy is located complies with all other fire safety requirements in the Fire Safety Code and the State Building Code with respect to such occupancy.

Signed: \_\_\_\_\_  
State Fire Marshal (or designee)    Date    State Building Inspector (or designee)    Date