

State of Connecticut, Department of Construction 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

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"/> Type I	<input type="checkbox"/> Type II	<input type="checkbox"/> Type III	<input type="checkbox"/> Type IV	<input type="checkbox"/> Type V
<input type="checkbox"/> I (443)	<input type="checkbox"/> II (222)	<input type="checkbox"/> III (211)	<input type="checkbox"/> (2HH)	<input type="checkbox"/> V (111)
<input type="checkbox"/> I (332)	<input type="checkbox"/> II (111)	<input type="checkbox"/> III (200)		<input type="checkbox"/> V (000)
	<input type="checkbox"/> II (000)			

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