



State of Connecticut
Department of Administrative 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

Local Reference No.: _____

Facility Name:				
Facility Address:	Number	Street	City	State CT Zip
Facility Owner:	Telephone:			
Owner's Address:	Number	Street	City	State Zip
Applicant's Name:	Telephone:			
Applicant's Address:	Number	City	State	Zip
Applicant's e-mail:				
Contact Person:	Telephone:			
Type of Facility:	Office Building, LP-Gas Bulk Plant., Automotive Service Station, etc.			
This Facility is:	<input type="checkbox"/> New; <input type="checkbox"/> Existing; <input type="checkbox"/> Renovation; <input type="checkbox"/> Addition; <input type="checkbox"/> Change of Use/Occupancy: from _____ to _____ Class or Sub-Class			
Date of Construction:	Date of Present Use/Occupancy:			
Date of Application for the Building Permit: _____				
Previous Modifications for this Facility: <input type="checkbox"/> Unknown; <input type="checkbox"/> No; <input type="checkbox"/> Yes, Modification Number(s): _____				
<input type="checkbox"/> 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 Connecticut:

State Fire Safety Code pursuant to CGS §29-296; State Fire Prevention Code pursuant to CGS §29-291b

Applicable Edition of the Code: _____

For the requirement as prescribed in:

(Part) /Section Number: _____

Referenced Standard and Section:
(If Applicable) NFPA 13, NFPA 30, NFPA 72, etc.

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

Practical Difficulty Unnecessary Hardship 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.

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 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.

AFFIDAVIT

I certify that, to the best of my knowledge and belief, the foregoing statements are true and made in good faith.

Applicant's Signature

Date

FOR LOCAL FIRE MARSHAL USE

I, Support, Do NOT Support, this Request for Modification to the Connecticut

State Fire Safety Code;

State Fire Prevention Code

as identified above to (Part) / Section:

because of the following reasons:

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: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	Basement – # of Levels: <input type="checkbox"/> Full <input type="checkbox"/> Finished <input type="checkbox"/> Partial <input type="checkbox"/> Storage <input type="checkbox"/> None <input type="checkbox"/> Crawl Space

5

Type of Occupancy (Check <u>all</u> that apply) <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Addition <input type="checkbox"/> Renovation				
<input type="checkbox"/> Change of Use/Occupancy: From _____ to _____				
<input type="checkbox"/> Assembly A- _____	<input type="checkbox"/> Detention I- _____	<input type="checkbox"/> Residential Board	<input type="checkbox"/> Hotel/Motel R- _____	
Occupant Load: _____ persons	<input type="checkbox"/> Condition II	<input type="checkbox"/> Large <input type="checkbox"/> Small	<input type="checkbox"/> Lodging/Rooming R- _____	
<input type="checkbox"/> Educational / E	<input type="checkbox"/> Condition III	<input type="checkbox"/> Prompt	<input type="checkbox"/> Bed & Breakfast	
<input type="checkbox"/> Business / B	<input type="checkbox"/> Condition IV	<input type="checkbox"/> Slow	<input type="checkbox"/> 1 & 2 Family / R-3	
<input type="checkbox"/> Single Tenant	<input type="checkbox"/> Condition V	<input type="checkbox"/> Impractical	<input type="checkbox"/> Industrial F- _____	
<input type="checkbox"/> Multiple Tenant	<input type="checkbox"/> Apartment / Dorm R- _____	<input type="checkbox"/> Health Care I _____	<input type="checkbox"/> Storage S- _____	
<input type="checkbox"/> Mercantile / M	No. of Units: _____	<input type="checkbox"/> Day Care E / I- _____	<input type="checkbox"/> High Rise	
<input type="checkbox"/> Class A	<input type="checkbox"/> Adult	<input type="checkbox"/> Hospital	<input type="checkbox"/> Underground	
<input type="checkbox"/> Class B	<input type="checkbox"/> Family	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Windowless	
<input type="checkbox"/> Class C	<input type="checkbox"/> Group	<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Covered Mall	<input type="checkbox"/> Limited	<input type="checkbox"/> Other:		

Type of Construction per: <input type="checkbox"/> NFPA 220	<input type="checkbox"/> Connecticut Building Code			
<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); 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 <u>all</u> 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 Evacuation	
<input type="checkbox"/> CSFSC 903.3.5.1.1 / 9.7.1.2 (6 heads or fewer)		<input type="checkbox"/> Partial Location: _____		
Location: _____		<input type="checkbox"/> Water Flow	<input type="checkbox"/> Special System: _____	
<input type="checkbox"/> Emergency Lighting	<input type="checkbox"/> Kitchen 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

