



**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: \_\_\_\_\_ **CT** \_\_\_\_\_  
Number Street City State 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:  New;  Existing;  Renovation;  Addition;  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:  Unknown;  No;  Yes, Modification Number(s): \_\_\_\_\_

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.

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:  Full  Partial  None

Basement – # of Levels: \_\_\_\_\_  Full  Partial  None

Finished  Storage  Crawl Space

Type of Occupancy (Check all that apply)  **New**  **Existing**  **Addition**  **Renovation**

**Change of Use/Occupancy:** From \_\_\_\_\_ to \_\_\_\_\_

**Assembly A-** \_\_\_\_\_  **Detention I-** \_\_\_\_\_  **Residential Board**  **Hotel/Motel R-** \_\_\_\_\_

Occupant Load: \_\_\_\_\_ persons  Condition II  Large  Small  **Lodging/Rooming R-** \_\_\_\_\_

**Educational / E**  Condition III  Prompt  Bed & Breakfast

**Business / B**  Condition IV  Slow  **1 & 2 Family / R-3**

Single Tenant  Condition V  Impractical  **Industrial F-** \_\_\_\_\_

Multiple Tenant  **Apartment / Dorm R-** \_\_\_\_\_  **Storage S-** \_\_\_\_\_

**Mercantile / M** No. of Units: \_\_\_\_\_  **Health Care I** \_\_\_\_\_  **High Rise**

Class A  **Day Care** E / I- \_\_\_\_\_  Hospital  **Underground**

Class B  Adult  Nursing Home  **Windowless**

Class C  Family  Ambulatory  **Other:** \_\_\_\_\_

Covered Mall  Group  Limited  **Other:** \_\_\_\_\_

Type of Construction per:  NFPA 220  Connecticut Building Code

**Type I**  **Type II**  **Type III**  **Type IV**  **Type V**

I (443)  II (222); IB  III (211); IIIA  (2HH); HT  V (111); VA

I (332); IA  II (111); IIA  III (200); IIIB  V (000); VB

II (000); IIB

Approved Systems Provided (Check all that apply):

**Automatic Sprinklers**

NFPA 13  Throughout the Building

NFPA 13R  Partial: Location \_\_\_\_\_

NFPA 13D  Electrically Supervised

CSFSC 903.3.5.1.1 / 9.7.1.2 (6 heads or fewer)

Location: \_\_\_\_\_

**Emergency Lighting**  **Kitchen Hood System**

**Smoke Control**  **Standpipe;** Class: \_\_\_\_\_

**Fire Alarm**

Manual Activation  Occupant Notification

Automatic Activation  General  Zoned

Throughout the Building  Voice Evacuation

Partial Location: \_\_\_\_\_

Water Flow  Special System: \_\_\_\_\_

Other Activation Means: \_\_\_\_\_

Other Systems: \_\_\_\_\_

Other Information