

State of Connecticut, Department of Public Safety
Division of Fire, Emergency & Building 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**

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: _____

Type of Facility: _____
Office Building, LP-Gas Bulk Plant,, Automotive Service Station, etc.This Facility is: ☐ New; ☐ Existing; ☐ Renovation; Date of Construction: _____; Date of Present Use: _____Previous modifications for this Facility: ☐ Unknown; ☐ No; ☐ Yes, Modification Numbers: _____☐ 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 CT:

- | | |
|---|--|
| <input type="checkbox"/> Moving Picture Theater Code pursuant to C.G.S. § 29-109 | <input type="checkbox"/> Gas Equipment & Piping Code pursuant to C.G.S. §29-329(c) |
| <input type="checkbox"/> Amusements/Tent and Portable Shelter Codes pursuant to C.G.S. § 29-140 | <input type="checkbox"/> Liquefied Petroleum Gas & Liquefied Natural Gas Code pursuant to C.G.S. §29-333 |
| <input type="checkbox"/> State Fire Safety Code pursuant to C.G.S. §29-296 | <input type="checkbox"/> Hazardous Chemical Code pursuant to C.G.S. §29-338 |
| <input type="checkbox"/> Oil Burning Equipment Code pursuant to C.G.S. §29-317(c) | <input type="checkbox"/> Fireworks and Special Effects Code pursuant to C.G.S. §29-357(c) |
| <input type="checkbox"/> Flammable & Combustible Liquids Code pursuant to C.G.S. §29-321 | <input type="checkbox"/> Model Rocketry Code pursuant to C.G.S. §29-368 |

For the requirement as prescribed in:

Regulation Number: _____, Standard: _____, Section Number: _____
29-292-8d, 29-317-1b (If Applicable) NFPA 30, NFPA 54, etc Identify Section Number

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

- ☐
- Equivalent Alternative
- ☐
- Practical Difficulty
- ☐
- 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 of the _____ Section _____ noted above:
Insert Name of Regulation for which Modification/Relief is being Requested Identify section of Code/Regulation

☐ 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.

Applicant's Signature & Telephone Number

Date

FOR LOCAL FIRE MARSHAL USE

I, ☐ Support, ☐ Do NOT Support, this Request for Modification to Connecticut _____;

Identify Code by Name; i.e. Fire Safety Code, Oil Burning Equip Code

Regulation of Connecticut State Agency _____ inclusive; as identified above to Section

Insert regulation Number i.e. 29-292-8d, 29-317-3a, etc.

_____ because of the following reasons:

Identify code flow i.e. occupancy chapter, core chapter as applicable

☐ 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 of building**
☐ **Change of Occupancy:** From _____ to _____
☐ **Assembly** ☐ **Detention** ☐ **Residential Board** ☐ **Hotel/Motel/Dorm**
Occupant Load: _____ persons ☐ with locking II ☐ Large ☐ Small ☐ **Lodging/Rooming**
☐ **Educational** ☐ with locking III ☐ Prompt ☐ **Bed & Breakfast**
☐ **Business** ☐ with locking IV ☐ Slow ☐ **1 & 2 Family**
☐ Single Tenant ☐ with locking V ☐ Impractical ☐ **Industrial**
☐ Multiple Tenant ☐ **Apartment** ☐ Storage
☐ **Mercantile** No. of Units: _____ ☐ **Health Care** ☐ High Rise
☐ Class A ☐ **Day Care** ☐ Hospital ☐ **Underground**
☐ Class B ☐ Adult ☐ Nursing Home ☐ **Windowless**
☐ Class C ☐ Family ☐ Ambulatory ☐ **Other:** _____
☐ Covered Mall ☐ Group ☐ Limited ☐ **Other:** _____

Type of Construction per NFPA 220: (Check all that apply)
☐ **Type I** ☐ **Type II** ☐ **Type III** ☐ **Type IV** ☐ **Type V**
☐ I (443) ☐ II (222) ☐ III (211) ☐ (2HH) ☐ V (111)
☐ I (332) ☐ II (111) ☐ III (200) ☐ V (000)
☐ II (000)

Approved Systems Provided (Check all that apply):

☐ **Automatic Sprinklers** ☐ **Fire Alarm**
☐ NFPA 13 ☐ Throughout the Building ☐ Manual Activation ☐ Occupant Notification
☐ NFPA 13R ☐ Partial: Location _____ ☐ Automatic Activation ☐ General ☐ Zoned
☐ NFPA 13D ☐ Electrically Supervised ☐ Throughout the Building ☐ Voice Evacuation
☐ CSFSC 7-7.1.2 Isolated Hazardous Area System ☐ Partial Location: _____
Location: _____ ☐ Water Flow ☐ Special System: _____
☐ **Emergency Lighting** ☐ **NFPA 96 Hood System** ☐ Other Activation Means: _____
☐ **Smoke Control** ☐ **Standpipe**; Class: _____ ☐ Other Systems: _____

Other Information: _____