



DEPARTMENT OF ADMINISTRATIVE SERVICES

REQUEST FOR MODIFICATION OF THE STATE BUILDING CODE (Per C.G.S. Section 29-254)

File #: \_\_\_\_\_ Office Use Only

APPLICANT

- 1. Name: \_\_\_\_\_ 2. Company: \_\_\_\_\_ 3. Telephone: \_\_\_\_\_ 4. Email: \_\_\_\_\_ 5. Address: \_\_\_\_\_ Street Address Town State Zip Code

SUBJECT PROPERTY

- 6. Name of building: \_\_\_\_\_ 7. Address: \_\_\_\_\_ Street Address Town State Zip Code 8. Owner: \_\_\_\_\_ Name Address 9. Use group: \_\_\_\_\_ 10. Change of use: [ ] Yes [ ] No If yes, from : \_\_\_\_\_ to: \_\_\_\_\_ 11. Type of construction: \_\_\_\_\_ 12. Number of stories: \_\_\_\_\_ 13. Area of building in square feet: \_\_\_\_\_ Total building: \_\_\_\_\_ Sq. ft. of largest floor: \_\_\_\_\_ 14. Check applicable designation: [ ] New Building [ ] Existing Building [ ] Addition [ ] Alteration / Renovation [ ] Other (explain): \_\_\_\_\_ 15. Fire protection at subject premises: (check all that apply) [ ] Smoke Detection [ ] Heat Detection [ ] Sprinklers [ ] Standpipes [ ] Extinguishers [ ] Other (Identify) \_\_\_\_\_ 16. Describe alarm system(s) at premises: \_\_\_\_\_

Continued...

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