



DEPARTMENT OF ADMINISTRATIVE SERVICES

File #: _____

Office Use Only

REQUEST FOR MODIFICATION OF THE STATE BUILDING CODE

(Per C.G.S. Section 29-254)

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: [] [] If yes, from : _____
Yes No 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 Existing Addition Alteration / Other (explain):
Building Building Renovation
15. Fire protection at subject premises: [] [] [] [] []
(check all that apply) Smoke Heat Sprinklers Standpipes Extinguishers
Detection Detection
[]
Other (Identify) _____
16. Describe alarm system(s) at premises: _____

Continued...

Division of Construction Services
Office of the State Building Inspector
450 Columbus Boulevard, Suite 1303
Hartford, CT 06103
Tel: 860-713-5900 Fax: 860-713-7410
Affirmative Action/Equal Opportunity Employer

THE REQUEST

- 17. Date of application for building permit: _____
- 18. Applicable State Building Code (title and date): _____
- 19. Building Code section that modification is requested from: _____
- 20. Modification sought and reason: _____

Applicant's Signature **Date**

Municipal Building Official To Complete

21. Important Requirement Failure to provide the following information will delay modification process. The Building Official must comment below on the modification request as per Connecticut General Statute 29-254 (b).

*Note: Must be signed by Chief Building Official, Acting Building Official or Provisional Building Official.

- | | | | |
|--------------------------|--------------------------|---|---------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Support Request | Do Not Support Request | Decision left to the Office of the State Building Inspector | Please contact the undersigned. |

22. Building Official's written comments (if desired):

23. Building Official: Name: _____ Signature: _____
 Town: _____ Date: _____
 Telephone: _____ Best time to contact: _____

Instructions

- One set of construction documents must accompany the request if they are needed to help illustrate a modification request.
- A cover letter explaining your circumstance is recommended if it cannot be clearly explained in this form.
- Please type all responses, or if not possible, print legibly. Complete application in its entirety. Any missing information may result in delays. Return completed application to the Building Official who will forward to this office.