

**JOB ADDRESS** 

OWNER

## Alternate Means (AMMR) Application

FRM-002 Date: 1/1/17 Mod:12/6/24

Approved by:GES

**BLOCK** 

INSTRUCTIONS TO APPLICANT: Fill out this application as completely as possible. Incomplete applications, including signatures, will be rejected. See the appropriate code sections below for further info.

APN

LOT

☐ REQUEST FOR MODIFICATION OF CODE (CFC 104.8)

☐ REQUEST FOR ALTERNATE MATERIAL OR METHOD OF CONSTRUCTION (CFC 104.9)

ADDRESS		PERMIT #	CONSTRUCT TYPE					
ADDRESS			STORIES					
PHONE		PA#	OCCUPANCY CLASS					
PETITIONER			OCC LOAD					
ADDRESS		CITY ZIP						
ADDRESS		# of UNITS						
PHONE		USE(S) OF BLDG						
Code section needing alternate/modification:  REQUEST: Submit plans if necessary to illustrate request. Additional sheets or data may be attached:								



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JUSTIFICATION/FINDINGS OF EQUIVALENCY: Applicant shall demonstrate Suitability, Strength, Effectiveness, Fire resistance, Durability, and Safety of justification. PLEASE NOTE: Any alternate must provide for an equivalent level of protection as required by State Law. Equivalencies will be evaluated through the use of NFPA 550, or other nationally recognized standards, or engineering judgements.							
Attach additional sheets if necessary.							
PETITIO	NFR·	For Office Use Only:					
SIGNATI		REVIEWED BY:					
	DATE:						
POSIT	TION:	DATE:					



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The Fire Marshal evaluated the proposal based on nationally recognized codes and standards, as well as recognized practices to ensure that the request is <u>at least equivalent</u> to the original code provisions.

**DEPARTMENT ACTION:** After determination, copies to: 1) applicant by mail, 2) attach copy to office plans, and 3) file copy to central filing system.

The Request is:	GRANTED □	DENIED		
Reason for Denial:				
CONDITIONS OF APPROVAL:				
			For Office Use Only	
			No. of Items:	
			Fee Due:	
			Date Paid:	
			Receipt No.	
			Processed By:	
Fire Marshal Signature: DATE:				