



DEPARTMENT OF ADMINISTRATIVE SERVICES

File #: _____

REQUEST FOR ACCESSIBILTY EXEMPTION OF THE STATE BUILDING CODE

(Per C.G.S. Section 29-269 (b))

Office Use Only

APPLICANT

- 1. Name: _____ 2. Company: _____
3. Telephone: _____ 4. Email: _____
5. Address: _____
6. Is the applicant also the owner? [] Yes [] No

SUBJECT PROPERTY

- 7. Name of building: _____
8. Address: _____
9. Owner: _____
10. Use group: _____ 11. Change of use: [] Yes [] No
12. Type of construction: _____ 13. Number of stories: _____
14. Area of building in square feet: _____
15. Check applicable designation: [] New Building [] Existing Building [] Addition [] Alteration [] Other (explain): _____
16. Date of approval of current building permit: _____

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 APPEAL

17. Cost of building alterations or additions: \$_____

18. Replacement cost of building (excluding land value): \$_____

19. Building code section(s) that accessibility exemption is requested from:

20. Clearly state the accessibility exemption sought so reviewers will be able to act without unnecessary delay:

21. Copy sent to local building official?
 Yes No

22. Include two (2) sets of plans (sketch) with dimensions and/or two (2) sets of photos with this application to illustrate your request.

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

Note: Please type or print clearly. Complete application in its entirety. Any missing information may result in delays. Return completed application to the above address.

Allow 4 - 6 weeks for processing.