



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: [ ] [ ] 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: \_\_\_\_\_

**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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**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.