



# CENTRAL COUNTY FIRE DEPARTMENT

Serving the Cities of Burlingame and Millbrae and the Town of Hillsborough

## **Request for Alternate Materials or Methods of Construction**

Date Received: \_\_\_\_\_

Permit Number \_\_\_\_\_

In accordance with section §2.02, Title 19 California Code of Regulations, the undersigned requests approval of alternate means of protection for:

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Subject of alternative (*separate forms must be completed for each different item*): \_\_\_\_\_

Code requirement (*specify code edition and section*): \_\_\_\_\_

Alternate proposed: \_\_\_\_\_

Justification (*attach copies of any reference, test reports, expert opinions, etc.*): \_\_\_\_\_

Requested by:

Affiliation with Project: \_\_\_\_\_

*Print Name*

\_\_\_\_\_

*Signature*

Contact Telephone No: \_\_\_\_\_

*Staff Use Only*

**Staff Findings:** \_\_\_\_\_

Approval Recommended [  ]

Not Recommended [  ]

Fire Marshal: \_\_\_\_\_