



**Request for Alternate Means of Protection or Methods of Construction**

Date Submitted: \_\_\_\_\_ Planning/Building Dept. Appl. Number: \_\_\_\_\_

In accordance with section §104.9, California Fire Code, 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 subject):  
\_\_\_\_\_  
\_\_\_\_\_

**Code Requirement Requesting Mitigation For** (specify code edition and section):  
\_\_\_\_\_  
\_\_\_\_\_

**Proposed Mitigations** (may also attach separate justifying documents):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Alternate Requested By:** \_\_\_\_\_  
Print Name Signature

**Requestor Address:** \_\_\_\_\_

**Requestor Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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**For Staff Use Only**

**Date Reviewed:** \_\_\_\_\_ **AMP #:** \_\_\_\_\_

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

**Approved** [ ] **Denied** [ ] **Review Fee Paid:** \_\_\_\_\_

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