Santa Monica Fire Department
Fire Prevention Division
Request for Modification of Uniform/California Codes

Project Address:		Floor/Unit No:	F.D. Plan Review Number:
Petitioner:		**Building Information**	
❑ Property Owner	❑ Architect of Record	Common Use:	
❑ Engineer of Record	❑ Contractor of Record	Occupancy Class:	
Street Address:	Suite:	Construction Type:	
City:	Zip Code:	Number of Stories:	Height:
Daytime Phone:	FAX:	Extent of Fire Sprinklers:	

REQUEST: State to what extent relief is sought from the code requirements. Submit 8" x 11-1/2" drawings to illustrate the request and to show its location on the site. Use separate sheet if necessary.

Code Section:

JUSTIFICATION: Explain how granting the request will meet the intent of the applicable code section while maintaining equivalent fire-safety. Explain any pertinent practical difficulties for strict compliance. Use separate sheet if necessary.

Petitioner's Signature:	Title:	Date:

Staff Reviewer: _____ Signature: _____ Date: ___/___/___	**Project Status:** ❑ Preliminary Design ❑ Plan Review ❑ Under Construction	**Staff Recommendation:** ❑ Approve as submitted ❑ Approve w/ Conditions ❑ Deny as submitted

Conditions of Approval/Reasons for Denial:

Concurrence of Building Officer(UBC Only):	Date:

7/99 sl 1.0

FOR STAFF USE ONLY

Assigned to: _____ Staff Signature: _____ Date: ___/___/___	**Project Status:** ❑ Preliminary Design ❑ Plan Review ❑ Under Construction	**Staff Recommendation:** ❑ Approve as submitted ❑ Approve w/ Conditions ❑ Deny as submitted

Staff Comments:

Determination of Building Official or Designee: _____ Date: ___/___/___	❑ Approve as submitted ❑ Approve w/ Conditions ❑ Deny as submitted
Determination of Fire Marshal or Designee: _____ Date: ___/___/___	❑ Approve as submitted ❑ Approve w/ Conditions ❑ Deny as submitted

Conditions of Approval or Reasons for Denial: