

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	
<input type="checkbox"/> Property Owner	<input type="checkbox"/> Architect of Record	Common Use:	
<input type="checkbox"/> Engineer of Record	<input type="checkbox"/> Contractor of Record	Occupancy Class:	
Street Address:	Suite:	Construction Type:	
City:	Zip Code:	Number of Stories:	Height:
Daytime Phone:	FAX:	Extent of Fire Sprinklers:	
<b>REQUEST:</b> 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.			
<b>Code Section:</b>			
<b>JUSTIFICATION:</b> 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: _____	<b>Project Status:</b>		<b>Staff Recommendation:</b>
Signature: _____	<input type="checkbox"/> Preliminary Design		<input type="checkbox"/> Approve as submitted
Date: __/__/__	<input type="checkbox"/> Plan Review		<input type="checkbox"/> Approve w/ Conditions
	<input type="checkbox"/> Under Construction		<input type="checkbox"/> Deny as submitted
<b>Conditions of Approval/Reasons for Denial:</b>			
Concurrence of Building Officer(UBC Only):			Date:

