

Place letter on company/agency letterhead

REQUEST FOR ALTERNATE MEANS OF PROTECTION

Project Name & Address

Date:

Code Section:

Code Requirement:

Code Intent:

Request:

Justification:

Conclusion:

Prepared by:

Type Firm/Agency here

(Signature)

Name

Date

Approved by:

Ernie Paez, Chief

Date

Fire & Life Safety Division-South

CAL FIRE - Office of the State Fire Marshal

Stephen Guarino, Chief

Date

Fire & Life Safety Division-North

CAL FIRE - Office of the State Fire Marshal

For Tonya L. Hoover
California State Fire Marshal