

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

Title

Type Owner's Organization Here (i.e. CAL FIRE)

(Signature)

Name

Date

Title

Approved by:

Stephen Guarino, Chief

Date

Fire & Life Safety Division

CAL FIRE - Office of the State Fire Marshal

For Mike Richwine
California State Fire Marshal (Acting)