

*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:

\_\_\_\_\_  
Jack "CJ" Stinson, Chief      Date  
Fire & Life Safety Division  
CAL FIRE -  
Office of the State Fire Marshal

\_\_\_\_\_  
Vickie Sakamoto, Chief      Date  
Fire & Life Safety Division  
CAL FIRE -  
Office of the State Fire Marshal

For    Mike Richwine  
         California State Fire Marshal