REQUEST FOR MODIFICATION
OF THE STATE BUILDING CODE
(Per C.G.S. Section 29-254)

APPLICANT
1. Name: ________________________ 2. Company: ________________________
3. Telephone: ____________________ 4. Email: ____________________________
5. Address:
   Street Address Town State Zip Code

SUBJECT PROPERTY
6. Name of building: ____________________________
7. Address:
   Street Address Town State Zip Code
8. Owner: ______________________________________
   Name Address
   Yes No to: ____________
11. Type of construction: ____________ 12. Number of stories: ________________
13. Area of building in square feet: Total building: ________________
   Sq. ft. of largest floor: ________________
14. Check applicable designation:
   ☐ ☐ ☐ ☐ Other (explain):
   New Building Existing Building Addition Alteration / Renovation
15. Fire protection at subject premises:
   ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Other (Identify)
   Smoke Detection Heat Detection Sprinklers Standpipes Extinguishers
16. Describe alarm system(s) at premises: ____________________________

DEPARTMENT OF ADMINISTRATIVE SERVICES

File #: ____________________

Office Use Only

Division of Construction Services
Office of the State Building Inspector - Tel: 860-713-5900
Please Email to: DAS.OSBI@ct.gov OR Fax to: 860-920-3083
Affirmative Action/Equal Opportunity Employer
REQUEST FOR MODIFICATION OF THE STATE BUILDING CODE (CONTINUED)

THE REQUEST
17. Date of application for building permit: ________________________________
18. Applicable State Building Code (title and date): ____________________________
19. Building Code section that modification is requested from: ____________________
20. Modification sought and reason: ____________________________________________

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Applicant's Signature ________________________________________________________ Date __________

Municipal Building Official To Complete
21. Important Requirement Failure to provide the following information will delay modification process. The Building Official must comment below on the modification request as per Connecticut General Statute 29-254 (b).
*Note: Must be signed by Chief Building Official, Acting Building Official or Provisional Building Official.

☐ Support Request ☐ Do Not Support Request ☐ Decision left to the Office of the State Building Inspector ☐ Please contact the undersigned.

22. Building Official's written comments (if desired):
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

23. Building Official: Name: ___________________ Signature: ___________________
Town: ___________________ Date: ___________________
Telephone: _______________ Best time to contact: ___________________

Instructions
• One set of construction documents must accompany the request if they are needed to help illustrate a modification request.
• A cover letter explaining your circumstance is recommended if it cannot be clearly explained in this form.
• Please type all responses, or if not possible, print legibly. Complete application in its entirety. Any missing information may result in delays. Return completed application to the Building Official who will forward to this office.

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