



Central County Fire Department

Serving the communities of Burlingame, Hillsborough and Millbrae

Request for Alternate Means of Protection or Methods of Construction

Date Submitted: _____ Building Permit: _____

In accordance with section §2.02, Title 19 California Code of Regulations, the undersigned requests approval of alternate means of protection for:

Project Name: _____

Project Address: _____

Subject of Alternative (separate forms must be completed for each different item):

Code Requirement Requesting Mitigation (specify code edition and section):

Justification (attach copies of pertinent information):

Alternate Requested By: _____
Print Name Signature

Requestor Address: _____

Requestor Phone: _____

For Staff Use Only

Date Reviewed: _____

Findings: _____

Approved []

Denied []

Fire Marshal: _____