

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:

(Signature) _____

Name

_____ Date

Title [Firm/Agency here]

(Signature) _____

Name

_____ Date

Title [Owner's Organization Here (i.e., CAL FIRE)]

Approved by:

(Signature) _____

Joseph Gibson

_____ Date

Chief, Fire and Life Safety Division

CAL FIRE – Office of the State Fire Marshal

(Signature) _____

Darwin Workman

_____ Date

Chief, Fire and Life Safety Division

CAL FIRE – Office of the State Fire Marshal

For: Daniel Berlant
California State Fire Marshal