*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

Title [Firm/Agency here]

Date

(Signature) \_\_\_

Name

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

Date

**Approved by:**

(Signature) \_\_\_

Jack “CJ” Stinson

Chief, Fire and Life Safety Division

CAL FIRE – Office of the State Fire Marshal

Date

(Signature) \_\_\_

Darwin Workman

Chief, Fire and Life Safety Division

CAL FIRE – Office of the State Fire Marshal

Date

(Signature) \_\_\_

Brad Goodrich

Chief, Fire and Life Safety Division

CAL FIRE – Office of the State Fire Marshal

Date

For: Daniel Berlant

California State Fire Marshal