



**Request for Alternate Means of Protection/Materials/Methods of Construction**

Burlingame Building Division – (650)558-7260 Central County Fire Department (650)558-7600

Date Submitted: \_\_\_\_\_ Permit #: \_\_\_\_\_

In accordance with applicable sections of the California Building Code, California Fire Code, Title 19 California Code of Regulations, the undersigned requests approval of alternate means of protection/method 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): \_\_\_\_\_

**Alternate Proposed:** \_\_\_\_\_

\_\_\_\_\_

**Justification:** (attach copies of pertinent information):

\_\_\_\_\_

**Alternate Requested By:** \_\_\_\_\_  
Print Name Signature

**Requestor Address:** \_\_\_\_\_

**Requestor Phone:** \_\_\_\_\_

**For Staff Use Only**

**Findings:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Plans Examiner:</b> _____	<b>Recommended</b> [ <input type="checkbox"/> ]	<b>Not Recommended</b> [ <input type="checkbox"/> ]
<b>Building Official:</b> _____	<b>Approved</b> [ <input type="checkbox"/> ]	<b>Denied</b> [ <input type="checkbox"/> ]
<b>Fire Marshal:</b> _____	<b>Approved</b> [ <input type="checkbox"/> ]	<b>Denied</b> [ <input type="checkbox"/> ]