

OFFICIAL USE ONLY

Application No: _____

Code Section: _____

**DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE and LIFE SAFETY**

APPLICATION FOR CODE MODIFICATION

(Authority: 18.70.080, 13 AAC 55.130 – Modifications, and IBC 104.10 – 104.11)

Applicant Name: _____ Facility Name: _____

Company Name: _____ Address: _____

Mailing Address: _____ City: _____

City/State/Zip: _____ Plan Review No: _____

Phone: _____ Fax: _____ Email: _____

Cite the specific **Code Reference** and the item requested for modification: _____

Provide a brief description of the purpose for this request:

Provide a detailed explanation and any supplemental drawings (attach to this application): Explain why the provisions of the code cannot be met, and how the requested modification will **meet the intent and purpose** of the code.

Is the application temporary or permanent? _____ If temporary, what period of time? _____

Applicant's signature

Date

Supervisor Comments: _____

Supervisor signature: _____ Date: _____

State Fire Marshal – special provision comments: _____

State Fire Marshal signature: _____ Approved : _____ Disapproved: _____ Date: _____

Please mail to Division of Fire and Life Safety, Plan Review Bureau, 5700 E. Tudor Road, Anchorage, AK 99507

ORIGINAL

BUILDING FILE

APPLICANT