REQUEST FOR MODIFICATION
INSTRUCTION SHEET

1. The applicant must sign and date modification form.

2. Building Official must comment and sign form per Section 29-254, Connecticut General Statutes. Application will be returned if signed by other than the Chief Building Official, Acting Building Official or Provisional Building Official.

3. One set of construction documents must accompany the request if they are needed to help illustrate a modification request.

4. A cover letter explaining your circumstance is recommended if it cannot be clearly explained in this form.

5. Please type all responses, or if not possible, print legibly. Complete application in its entirety. Any missing information may result in delays. Return completed application to the above address.

6. If you have questions about what is required, call the Office of the State Building Inspector at (860) 685-8310.
11. Describe alarm system(s) at premises ______________________________________________________

__________________________________________________________

12. Building Code Section that modification is requested from ______________________________________

__________________________________________________________

13. Modification Sought ________________________________________________________________

__________________________________________________________

14. Reason Modification Sought __________________________________________________________

__________________________________________________________

15. Applicant’s Signature ______________________________________ Date Signed ________________

16. **Important Requirement** Failure to provide the following information will delay modification process. The Building Official must comment below on the modification request as per Connecticut General Statute 29-254 (b). *Note: Must be signed by Chief Building Official, Acting Building Official or Provisional Building Official.*

☐ Support Request
☐ Do Not Support Request
☐ The decision on this request is left to the Office of the State Building Inspector.
☐ Please contact the undersigned.

Building Official’s written comments, if desired. ______________________________________________

__________________________________________________________

Building Official (Printed) Town *Building Official Signature Date Signed ______________________

______________________

Building Official’s Telephone Number Best Time to Contact ________________________

MODAPP
Rev. 11/20/03
REQUEST FOR MODIFICATION OF THE STATE BUILDING CODE

1. Name and Location of Building

No. Street Town State Zip

2. Building Owner

3. Applicant’s Name Telephone

Applicant’s Address
(Include Firm Name if Applicable) No. Street Town State Zip

Name of Person to Contact Telephone
(For information if required)

4. A. Date of Application for Building Permit

B. Applicable Code (Title and Date)

5. Use Group

A. Was there a change of occupancy: ☐ Yes ☐ No

B. If yes from ____________________________ to ____________________________

6. Building Construction Classification

7. Square Foot Area of Building (Total)

Largest Square Foot Area per Floor

8. Number of Stories

9. Check Applicable Designation:
☐ New Building ☐ Existing ☐ Addition ☐ Other (Explain)

10. Fire Protection at subject premises (Check appropriate headings)

☐ Smoke Detection ☐ Heat Detection ☐ Extinguishers
☐ Sprinklers ☐ Standpipes ☐ Other (identify)