



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE, EMERGENCY AND BUILDING SERVICES

OFFICE OF THE STATE BUILDING INSPECTOR

P. O. BOX 2794

MIDDLETOWN, CT 06457-9294

Telephone: (860) 685-8310

Fax: (860) 685-8365

**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.

MODCVR
Rev. 11/20/03

1111 Country Club Road
P. O. Box 2794
Middletown, CT 06457-9294
An Equal Opportunity Employer

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	

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FILE # _____

**REQUEST FOR MODIFICATION
OF THE STATE BUILDING CODE**

FOR OFFICE USE ONLY

1. Name and Location of Building _____

No.	Street	Town	State	Zip
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2. Building Owner _____

3. Applicant's Name _____ Telephone _____

Applicant's Address _____
(Include Firm Name if Applicable)

No.	Street	Town	State	Zip
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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)

<input type="checkbox"/> Smoke Detection	<input type="checkbox"/> Heat Detection	<input type="checkbox"/> Extinguishers
<input type="checkbox"/> Sprinklers	<input type="checkbox"/> Standpipes	<input type="checkbox"/> Other (identify) _____