

REQUEST FOR MODIFICATION OF THE STATE BUILDING CODE (Cont.)

11. Describe alarm system(s) at premises: _____

12. Building Code Section that modification is requested from: _____

13. Modification Sought: _____

14. Reason Modification is Sought: _____

15. **AFFIDAVIT: I certify that, to the best of my knowledge and belief, the foregoing statements are true and made in good faith.**

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

The Office of the State Building Inspector cannot accept this form electronically. Please mail a paper copy of the signed form, with the local Building Official's written comments and signature, to the Office of the State Building Inspector.