

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