



# CONNECTICUT

## Office of the State Building Inspector Office of the State Fire Marshal

450 Columbus Boulevard, Suites 1303 & 1304 | Hartford, CT 06103  
[DAS.codemodifications@ct.gov](mailto:DAS.codemodifications@ct.gov)

# REQUEST FOR MODIFICATION

## INSTRUCTIONS:

1. Incomplete applications may be returned. Complete the application in its entirety. Please type all responses or print legibly.
2. This form shall not be used for a request for modification from the *International Residential Code* portion of the Connecticut State Building Code a separate application form is available.
3. Construction documents, photographs and any other information **must** accompany the request to help illustrate the request. Submitted documentation shall be legible.
4. A distinct request for modification is required for each individual code section, and separate applications must be filed with both the Office of the State Building Inspector and the Office of the State Fire Marshal.
5. Submit your modification request to either the local Building Official or local Fire Marshal for their review, depending on the type of request.
6. We are not permitted to modify Connecticut General Statutes or any referenced standards, including, but not limited to, NFPA 13, NFPA 72, and others.
7. Sprinkler exemptions may be sent to either the local fire marshal or local building official for signature.
8. **NOTE:** Final decisions will be emailed to the applicant and the local code official.

## **ABBREVIATIONS**

Accessible and Usable Buildings and Facilities (A117.1)

Connecticut General Statute (CGS)

Connecticut State Fire Prevention Code (CSFPC)

Connecticut State Fire Safety Code (CSFSC)

International Building Code (IBC)

International Existing Building Code (IEBC)

International Energy Conservation Code (IECC)

International Mechanical Code (IMC)

International Plumbing Code (IPC)

International Residential Code (IRC)

International Swimming Pool and Spa Code (ISPSC)

Limited Use Limited Application Elevator (LULA)

National Electrical Code (NEC)

Safety Code for Elevators and Escalators (ASME A17.1)

Safety Standard for Platform Lifts and Stairway Chairlifts (ASME A18.1)

Section sign (§)

Standard for Installation of Sprinkler Systems (NFPA 13)

Standard for the Installation of Sprinkler Systems in One- and Two-family Dwellings and Manufactured Homes (NFPA 13D)

Standard for the Installation of Sprinkler Systems in Low-rise Residential Occupancies (NFPA 13R)



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### **A. TYPE OF REQUEST:** *(Select one)*

#### **1. Building code modification requests:**

Connecticut State Building Code Modification (CGS §29-254)

#### **2. Sprinkler exemption modification requests:**

Educational occupancy sprinkler exemption (CGS §29-315)

#### **3. Accessibility exemption requests:**

Accessibility Exemption (CGS §29-269)

Public parking garage or terminal accessibility exemption (CGS §14-253a)

Existing structures only answer the following two questions.

Cost of *alterations* affecting the area of *primary function*: \_\_\_\_\_

Cumulative costs of providing the accessible route: \_\_\_\_\_

#### **4. Elevators, Lifts or LULA exemptions:**

Safety Code for Elevators and Escalators (ASME A17.1) (CGS §29-192)

Safety Standard for Platform Lifts and Stairway Chairlifts (ASME A18.1) (CGS §29-200)

Number of stories served by lift or LULA: \_\_\_\_\_

Total rise of lift or LULA travel distance: \_\_\_\_\_

Type of lift to be installed:

Inclined stairway chairlift

Vertical wheelchair lift

Inclined wheelchair lift

LULA





**F. LOCAL OFFICIAL:** (To be completed by the local building official or fire marshal)

The Building Official or Fire Marshal **shall** include comments on the merits of the application and shall submit them to the Office of the State Building Inspector or Office of the State Fire Marshal within fifteen business days after receipt by the applicant pursuant to Section 29-254(b) and 29-296 of the Connecticut General Statutes, respectively. Use a separate attachment if more room is needed.

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Previous modifications granted for this building

No       Yes, provide modification number(s)? \_\_\_\_\_

I have reviewed this request for modification and attest to its accuracy and completeness.

**Local Official Information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Municipality/Fire District: \_\_\_\_\_

Best time to contact: \_\_\_\_\_ Date: \_\_\_\_\_

Local Official Signature: \_\_\_\_\_

Submit the completed form and supporting documentation within fifteen business days after receipt by the applicant to [DAS.codemodifications@ct.gov](mailto:DAS.codemodifications@ct.gov)