



Fire & Life Safety Plan Review Services
2373 Circadian Way
Santa Rosa, CA 95407
Phone: (707) 543-4547
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No:

File No.
Related Files
Fee Paid: Receipt #: Department Use Only

APPLICATION FOR ACCEPTANCE OF ALTERNATE MATERIALS OR METHODS

Application Date: _____

Fee: \$252.00 (From 7/1/11 – 6/30/12)

Project Information

Applicant Information

Name: _____

Name: _____

Address: _____

Address/City/State _____

Permit Number: _____

Phone Number: _____

Email Address: _____

DESCRIPTION OF ALTERNATE MATERIALS OR METHODS (Include code section)

JUSTIFICATION OF ALTERNATE MATERIALS OR METHODS (Describe, in detail, the equivalency of your proposed alternate, use additional pages if necessary)

Signed _____
Applicant

- Approved
 - Denied
 - Comments / Additional Mitigation(s): _____
-
-
-
-
-
-
-
-

Signed: _____
Fire Marshal

Date: _____

Acceptance of an alternate for Fire Department requirements does not establish, or override, requirements of other City departments.