



DEPARTMENT OF ADMINISTRATIVE SERVICES

REQUEST FOR APPEAL TO THE CONNECTICUT  
CODES AND STANDARDS COMMITTEE

In accordance with the provisions of C.G.S. Chapter 541, I (we) (hereinafter referred to as the "Appellant") hereby submit an appeal for relief from a decision of:

File #: \_\_\_\_\_

Office Use Only

- ☐ Local Building Official Town/City: \_\_\_\_\_
- ☐ Local Fire Marshal Town/City: \_\_\_\_\_
- ☐ Local Building Board of Appeals Town/City: \_\_\_\_\_
- ☐ State Building Inspector
- ☐ State Building Inspector together with Office of Protection and Advocacy
- ☐ State Fire Marshal

The Appellant must provide all relevant information. Where information is not available or not relevant to the Appeal, please indicate "N/A."

1. (a) **Date of Decision** appealed from (Attach copy of letter of decision): \_\_\_\_\_

(b) Appellee (whose decision is being appealed):

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Town State Zip Code*

2. **Subject Property or Structure:**

\_\_\_\_\_  
*Building / Business Street Address Town State Zip Code*

3. **Owner of Subject Property:**

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

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

Address: \_\_\_\_\_  
*Street Address Town State Zip Code*

**Connecticut State Codes & Standards Committee - Tel: 860-713-5900**

**Please Email to: [DAS.CodesStandards@ct.gov](mailto:DAS.CodesStandards@ct.gov) OR Fax to: 860-920-3083**

**Affirmative Action/Equal Opportunity Employer**

4. **Appellant:**

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

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

Address: \_\_\_\_\_  
*Street Address Town State Zip Code*

5. **Appellant's relationship to Owner:** \_\_\_\_\_

6. **Designation** (check applicable):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> New Building      | <input type="checkbox"/> Alteration    | <input type="checkbox"/> Rehabilitation                                 |
| <input type="checkbox"/> Existing Building | <input type="checkbox"/> Change of Use | <input type="checkbox"/> Historic (Local, State or Federal Designation) |
| <input type="checkbox"/> Addition          | <input type="checkbox"/> Repair        | <input type="checkbox"/> Other: _____                                   |

7. **Use group:** \_\_\_\_\_ Change of use: Yes ☐ No ☐  
If yes, from : \_\_\_\_\_ to: \_\_\_\_\_

8. **Building Construction Classification:** \_\_\_\_\_

9. **Size of Building:**

Area of building in square feet: Total building: \_\_\_\_\_ Sq. ft. of largest floor: \_\_\_\_\_  
Height in feet: \_\_\_\_\_ Number of stories: \_\_\_\_\_

10. **Fire protection at subject premises:** ☐ ☐ ☐ ☐ ☐  
(check all that apply) Smoke Detection Heat Detection Sprinklers Standpipes Extinguishers  
☐ \_\_\_\_\_  
Other (Identify)

Describe alarm system(s) at premises: \_\_\_\_\_

11. **Building Code Section(s) under Appeal:** \_\_\_\_\_

12. **Fire Safety Code Section(s) under Appeal:** \_\_\_\_\_

13. **Connecticut General Statute**

Section(s) and Title(s) under Appeal: \_\_\_\_\_

14. **If an additional local, state or federal agency** participated in the underlying decision that is the subject of this appeal, please identify those agencies:

\_\_\_\_\_

15. **Relief Requested** (Attach supporting data or additional pages, if necessary):

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The Appellant should be prepared to provide appropriate site and building plans for the hearing panel at the time of such hearing.

I, \_\_\_\_\_, certify that the foregoing information is true and correct to the best of my knowledge, information and belief. I also certify that I have sent a copy of this completed *REQUEST FOR APPEAL* form to the Appellee identified above.

\_\_\_\_\_  
Signature of Appellant

\_\_\_\_\_  
Date

STATE OF CONNECTICUT

:

: ss. \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_\_

COUNTY OF \_\_\_\_\_:

Personally appeared, \_\_\_\_\_, Signer and Sealer of the foregoing instrument who made oath that the statements herein were true and correct, before me.

\_\_\_\_\_  
Commissioner of Superior Court  
Notary Public

**NOTE:** The appellant is not required to complete this form. However the information provided will assist the hearing panel in resolving the appeal.