



DEPARTMENT OF ADMINISTRATIVE SERVICES

REQUEST FOR MODIFICATION OF THE STATE BUILDING CODE

(Per C.G.S. Section 29-254)

File #: _____

Office Use Only

APPLICANT

1. Name: _____ 2. Company: _____
3. Telephone: _____ 4. Email: _____
5. Address: _____
Street Address Town State Zip Code

SUBJECT PROPERTY

6. Name of building: _____
7. Address: _____
Street Address Town State Zip Code
8. Owner: _____
Name Address
9. Use group: _____ 10. Change of use: ☐ Yes ☐ No If yes, from : _____ to: _____
11. Type of construction: _____ 12. Number of stories: _____
13. Area of building in square feet: _____ Total building: _____
Sq. ft. of largest floor: _____
14. Check applicable designation: ☐ New Building ☐ Existing Building ☐ Addition ☐ Alteration / Renovation ☐ Other (explain): _____
15. Fire protection at subject premises: ☐ Smoke Detection ☐ Heat Detection ☐ Sprinklers ☐ Standpipes ☐ Extinguishers
(check all that apply) ☐ _____
Other (Identify) _____
16. Describe alarm system(s) at premises: _____

Division of Construction Services
Office of the State Building Inspector - Tel: 860-713-5900
Please Email to: DAS.OSBI@ct.gov OR Fax to: 860-920-3083
Affirmative Action/Equal Opportunity Employer

THE REQUEST

17. Date of application for building permit: _____
18. Applicable State Building Code (title and date): _____
19. Building Code section that modification is requested from: _____
20. Modification sought and reason: _____
- _____
- _____
- _____
- _____
- _____
- _____

Applicant's Signature

Date

Municipal Building Official To Complete

21. 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

☐

Decision left to
the Office of the
State Building
Inspector

☐

Please contact
the undersigned.

22. Building Official's written comments (if desired):

23. Building Official: Name: _____ Signature: _____
- Town: _____ Date: _____
- Telephone: _____ Best time to contact: _____

Instructions

- One set of construction documents must accompany the request if they are needed to help illustrate a modification request.
- A cover letter explaining your circumstance is recommended if it cannot be clearly explained in this form.
- Please type all responses, or if not possible, print legibly. Complete application in its entirety. Any missing information may result in delays. Return completed application to the Building Official who will forward to this office.