

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC SAFETY  
OFFICE OF THE STATE BUILDING INSPECTOR  
1111 COUNTRY CLUB ROAD  
MIDDLETOWN, CT 06457  
TELEPHONE: (860) 685-8310  
FAX: (860) 685-8365

FILE # \_\_\_\_\_

**REQUEST FOR MODIFICATION  
OF THE STATE BUILDING CODE**

FOR OFFICE USE ONLY

1. Name and Location of Building: \_\_\_\_\_  
Number Street \_\_\_\_\_ City \_\_\_\_\_ State CT Zip \_\_\_\_\_

2. Building Owner: \_\_\_\_\_

3. Applicant's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Applicant's Address: \_\_\_\_\_  
Number Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(Include Firm Name if Applicable): \_\_\_\_\_  
Name of Person to Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(For information if required)

4. A. Date of Application for Building Permit: \_\_\_\_\_

B. Applicable Code (Title and Date): \_\_\_\_\_

5. Use Group: \_\_\_\_\_

A. Was there a change of occupancy:  Yes  No

B. If yes from \_\_\_\_\_ to \_\_\_\_\_

6. Building Construction Classification: \_\_\_\_\_

7. Square Foot Area of Building (Total): \_\_\_\_\_

Largest Square Foot Area per Floor: \_\_\_\_\_

8. Number of Stories: \_\_\_\_\_

9. Check Applicable Designation:  
 New Building  Existing  Addition  Other (Explain) \_\_\_\_\_

10. Fire Protection at subject premises (Check appropriate headings)

- Smoke Detection  Heat Detection  Extinguishers
- Sprinklers  Standpipes
- Other (identify): \_\_\_\_\_

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

12. Building Code Section that modification is requested from: \_\_\_\_\_

13. Modification Sought: \_\_\_\_\_

14. Reason Modification is Sought: \_\_\_\_\_

15. Applicant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

16. **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 of the municipality where the construction is being done.

- Support Request
- Do Not Support Request
- The decision on this request is left to the Office of the State Building Inspector.
- Please contact the undersigned.

Building Official's written comments, if desired. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Building Official (Printed)      Town

\_\_\_\_\_  
\*Building Official Signature      Date Signed

\_\_\_\_\_  
Building Official's Telephone Number

\_\_\_\_\_  
Best Time to Contact

**The Office of the State Building Inspector cannot accept this form electronically. Please mail a paper copy of the signed form, with the local Building Official's written comments and signature, to the Office of the State Building Inspector.**