

VARIANCE REQUEST TO THE FIRE CODE

Variance Application Form

MINIMUM SUBMITTAL REQUIREMENTS: Application form completed in full	
APPLICANT/PROJECT MANAGER'S INFORMATION	(Primary Contact for the Project):
Name:	
	City
State Zip Code	E-Mail Address
Phone Number	Fax Number
PROPERTY OWNER'S INFORMATION:	
Name	
Mailing Address	City
State Zip Code	E-Mail Address
Phone Number	Fax Number
LOCATION OF PROPERTY:	
Address	
LotAPNSubdivision_	
Description (if there is no lot, APN and subdivision)	
Decemption (ii there is no lot, 7 th in and subdivision)	
Action Requested	
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Applicable Ordinance Section	

CFC VARIANCE REQUEST 1 of 2

VARIANCE REQUEST FORM

The following specific variation from the ordinance or technical codes is requested:		
This variance is necessary due to the following	special conditions and circumstances:	
Granting this variance will not confer any speci-		
technical codes to other buildings, structures, of following fact(s):	or service systems by virtue of the	
This request is the minimum variance that will rebuilding, structure, or service system by virtue	•	
This variance will be in harmony with the with the technical codes and will not be detrimental to the virtue of the following fact(s):		
The applicant has prepared this application and cenattached hereto are true, correct and complete.	rtifies that the facts stated herein and exhibits	
Signature and Title	Date	

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FIRE MARSHALS STATEMENT OF APPROVAL, ADDITIONAL REQUIREMENTS OR DENIAL OF VARIANCE REQUEST TO THE FIRE CODE.

APPROVED WITH ADDITIONAL REQUIREMENTS
DENIED
REQUIREMENTS AND COMMENTS:

DEPARTMENT STAMP:

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