



STATE OF CONNECTICUT
DAS-DIVISION OF CONSTRUCTION SERVICES

OFFICE OF THE STATE BUILDING INSPECTOR
165 CAPITOL AVENUE, ROOM 265
HARTFORD, CT 06106
Telephone: (860) 713-5900
Fax: (860) 713-7410

**REQUEST FOR MODIFICATION
INSTRUCTION SHEET**

1. The applicant must sign and date modification form.
2. Building Official must comment and sign form per Section 29-254, Connecticut General Statutes. Application will be returned if signed by other than the Chief Building Official, Acting Building Official or Provisional Building Official.
3. One set of construction documents must accompany the request if they are needed to help illustrate a modification request.
4. A cover letter explaining your circumstance is recommended if it cannot be clearly explained in this form.
5. 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 above address.
6. If you have questions about what is required, call the Office of the State Building Inspector at (860) 713-5900.

MODCVR
Rev. 1/13/14



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DAS ~ DIVISION OF CONSTRUCTION SERVICES
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FILE # _____

165 CAPITOL AVENUE, ROOM 265
HARTFORD, CT 06106
TELEPHONE: (860) 713-5900
FAX: (860) 713-7410

FOR OFFICE USE ONLY

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

1. Name and Location of Building: _____

Number Street	City	CT	State	Zip
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2. Building Owner: _____

3. Applicant's Name: _____ Telephone: _____

Applicant's Address: _____

Number Street	City	State	Zip
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(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): _____

REQUEST FOR MODIFICATION OF THE STATE BUILDING CODE (Cont.)

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. **AFFIDAVIT: I certify that, to the best of my knowledge and belief, the foregoing statements are true and made in good faith.**

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.**

- 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