



Fire & Life Safety Plan Review Services  
2373 Circadian Way  
Santa Rosa, CA 95407  
Phone: (707) 543-4547  
Fax: (707) 543-3520  
www.santarosafd.com

No:

File No.
Related Files
Fee Paid: Receipt #: Department Use Only

### APPLICATION FOR ACCEPTANCE OF ALTERNATE MATERIALS OR METHODS

Application Date: \_\_\_\_\_

#### Project Information

#### Applicant Information

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

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

Address: \_\_\_\_\_

Address/City/State \_\_\_\_\_

Permit Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### DESCRIPTION OF ALTERNATE MATERIALS OR METHODS (Include code section)

**JUSTIFICATION OF ALTERNATE MATERIALS OR METHODS (Describe, in detail, the equivalency of your proposed alternate, use additional pages if necessary)**

Signed \_\_\_\_\_  
Applicant

- Approved
- Denied
- Comments / Additional Mitigation(s): \_\_\_\_\_

Signed: \_\_\_\_\_  
Fire Marshal

Date: \_\_\_\_\_

*Acceptance of an alternate for Fire Department requirements does not establish, or override, requirements of other City departments. THIS ALTERNATE METHOD, IF APPROVED, IS BASED ON THE CURRENT ADOPTED CODE. SHOULD THE STATE IMPLEMENT A NEW MODEL CODE PRIOR TO THE BUILDING PLAN SUBMITTAL OF THIS PROJECT, THE AGREEMENT WILL REQUIRE ADDITIONAL EVALUATION BASED ON THE NEW CODE.*