



**APPLICATION FOR
ACCEPTANCE OF ALTERNATE MATERIALS OR METHODS**

Application Date: _____

Project Information

Applicant Information

Name: _____

Name: _____

Address: _____

Address: _____

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 and attach two site/floor plans)

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 Town departments.