

Submitter Name

Office of the State Fire Marshal 1700 MacCorkle Avenue SE – 4th Floor North Plans and Review Division Charleston, WV 25314 304-558-2191

SUBMITTER INFORMATION

Application for Modifications or Alternatives to State Fire Code

ity	State, Zip code	Phon	e number	
		I		l
	PROJECT INFORMAT	ION		
Organization Represented				
Project Name and Plan Review Letter Document Number				
Owner of Building				
Street Address		State	Zi	р
		•		
Fire Safety Requiren	ent: (State the Specific fire safety require te the problem(s) and substantiation or			on or alternative)
Fire Safety Requiren	ent: (State the Specific fire safety requir			on or alternative)
Specify Request (State of Specify Reputation (State of Specify Rep		ustification for the official revi	modificati	project is comple