



**STATE OF CONNECTICUT**  
DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF FIRE, EMERGENCY AND BUILDING SERVICES

OFFICE OF THE STATE BUILDING INSPECTOR  
1111 COUNTRY CLUB ROAD  
MIDDLETOWN, CT 06457  
Telephone: (860) 685-8310  
Fax: (860) 685-8365

**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) 685-8310.

MODCVR  
Rev. 3/24/05

1111 Country Club Road  
Middletown, CT 06457-9294  
*An Equal Opportunity Employer*

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MIDDLETOWN, CT 06457  
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FILE # \_\_\_\_\_

FOR OFFICE USE ONLY
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**REQUEST FOR MODIFICATION  
OF THE STATE BUILDING CODE**

1. Name and Location of Building \_\_\_\_\_

No.	Street	Town	State	Zip
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2. Building Owner \_\_\_\_\_

3. Applicant's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Applicant's Address \_\_\_\_\_  
(Include Firm Name if Applicable)      No.      Street      Town      State      Zip

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)

<input type="checkbox"/> Smoke Detection	<input type="checkbox"/> Heat Detection	<input type="checkbox"/> Extinguishers
<input type="checkbox"/> Sprinklers	<input type="checkbox"/> Standpipes	<input type="checkbox"/> Other (identify) _____

REQUEST FOR MODIFICATION OF THE STATE BUILDING CODE

11. Describe alarm system(s) at premises \_\_\_\_\_  
\_\_\_\_\_

12. Building Code Section that modification is requested from \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Modification Sought \_\_\_\_\_  
\_\_\_\_\_

14. Reason Modification Sought \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. 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