



FIRE DEPARTMENT

City of REDLANDS

Incorporated 1888
City of Redlands
35 Cajon Street, Suite 12, Redlands, CA 92373
909-798-7601
fireprevention@cityofredlands.org



COMMUNITY RISK
REDUCTION DIVISION

SECTIONS A, B & C TO BE COMPLETED BY OWNER OR AUTHORIZED REPRESENTATIVE

A. APPLICANT INFORMATION		B. PROJECT INFORMATION	
OWNER'S NAME		PROJECT NAME	
APPLICANT'S NAME		PROJECT ADDRESS	
APPLICANT'S PHONE NUMBER		OCCUPANCY CLASSIFICATION	CONSTRUCTION TYPE
APPLICANT'S EMAIL		NUMBER OF STORIES	TOTAL FLOOR AREA
C. PROJECT REQUIREMENTS & PROPOSALS – Attach supporting documents, if any			
CODE REQUIREMENT (identify code section and corresponding code language)			
CODE DEFICIENCY (provide brief description)			
ALTERNATIVE PROPOSAL (provide brief description)			
JUSTIFICATION (explain how the alternative is equal to or exceeds code requirements)			
<p>The above project does not prescriptively conform to the 2022 California Fire Code. Pursuant to 2022 CFC Chapter 1, Sections 104.9 & 104.10, the project is requesting approval of an alternative material and/or method of construction to achieve the intent of the provisions of the code and provide at least an equivalent level of protection to that prescribed therein. The project understand that approval of this request applies only to this project and shall not be construed as establishing a precedent for other projects. If approved, a copy of this AM&M request form shall be provided on all subsequent plan submittals of this project to the Redlands Fire Department (RFD) or Building Department.</p>			
SIGNATURE _____		TITLE & COMPANY DATE _____	
		DATE _____	

THIS SECTION TO BE COMPLETED BY LLFD

RFD		OTHER AHJ CONCURRENCE: <input type="checkbox"/> REQUIRED <input type="checkbox"/> NOT REQUIRED	
PERMIT #	PLAN TYPE	<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED	COMMENTS:	
COMMENTS:		EVALUATED BY:	
		<input type="checkbox"/> BUILDING OFFICIAL	
		<input type="checkbox"/> OTHER: _____	
		TITLE _____	
		NAME _____	
FIRE MARSHAL OR DEPUTY FIRE MARSHAL SIGNATURE _____		SIGNATURE _____	
DATE _____		DATE _____	