CITY OF SAN CLEMENTE
BUILDING DIVISION

910 Calle Negocio, Suite 100, San Clemente, CA 92673

☐ **REQUEST FOR MODIFICATION TO PROVISIONS OF TITLE 15 OF THE SAN CLEMENTE MUNICIPAL CODE.**

☐ **REQUEST FOR ALTERNATE MATERIAL OR METHOD OF CONSTRUCTION**

For above requests, complete Sections 1, 2, 3, & 4 below by printing in ink or typing.

FOR STAFF USE ONLY

Plan Check #_____**# of Stories**_____
Occupancy Classification_____
Use of Building_____**# of Units**_____
Project Status_____
Construction Type_____
Verified By_____

DISTRIBUTION:

☐ **Owner** ☐ **Plan Check**
☐ **Petitioner** ☐ **Inspector**
☐ **Fire** ☐ **Other**

1 JOB ADDRESS

SITE ADDRESS_____

Owner_____
(Print)
Address_____
_____Zip_____

Daytime Phone ( )_____

X Owner Signature_____
(DATE)

2 DESIGN PROFESSIONAL - ARCHITECT/ENGINEER

Petitioner Name_____
(Print)
Address_____
_____Zip_____

Daytime Phone ( )_____

CA Professional Lic. No. _____

Petitioner
X Signature_____
(Petitioner to be architect or engineer) **(DATE)**

3 REQUEST: Submit plans if necessary to illustrate request. Additional sheets or data may be attached.

4 JUSTIFICATION FINDINGS OF EQUIVALENCY:

CODE SECTIONS:

Petitioner's
X Signature_____ **Position**_____ **Date**_____

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DEPARTMENT ACTION: In accordance with: ☐ **104.11 CBC Appendix Ch. 1 (Alternative materials & methods)** ☐ **104.10 CBC Appendix Ch.1 (CBC Modification)**

☐ **Concurrence from the Fire Marshall is required** ☐ **Approved** ☐ **Disapproved** ☐ **Written Comments Attached**

By:_____ **Date**_____
(OCFA Representative)

☐ **Request (DOES) (DOES NOT) lessen any fire protection requirements**

☐ **Request (DOES) (DOES NOT) lessen the structural integrity**

The Request is ☐ **Granted** ☐ **Granted (Ratification required)** ☐ **Denied**

Conditions of Approval:

Signature_____ **Position**_____ **Date**_____

Print Name_____