CENTRAL ARIZONA FIRE AND MEDICAL AUTHORITY FIRE PREVENTION

Application for a Fire Code Variance

Dear Fire Code Board of Appeals Chairman:

I am applying for a variance from the Central Arizona Fire and Medical Authority Fire Code. Below is the information concerning my request:

Job Address:			Business Name:	
Owner's Name / Address:			Telephone:	
Builder's Name / Address:			Telephone:	
Occupancy Classification			Building Use	
	Completed New Buil	ding		der Construction
Clearly defin	ne all items requested	d in the variance. request. State the	Submit plans appropriate F	and other documents as ire Code section(s) which
State why it device or co	nstruction is propose parate sheet if necess	able that this requed d as equivalent to	est be approve	d and what arrangement, (See IFC Section 104.8)
Owner or A	uthorized Agent's Sig	nature		Date
Received B				 Date