City of Perris

Department of Development Service
Office of the Fire Marshal
135 North "D" Street, Perris CA. 92570
Phone: (951) 943-5003 Fax: (951) 943-8379

ALTERNATE MATERIALS, DESIGN & METHODS REQUEST

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)

The above project does not fully conform to the 2022 California Fire Code. Pursuant to 2022 CFC Chapter 1, Section 104.10, I am 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. I 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 City of Perris, Office of the Fire Marshal (OFM) or Building Department.

SIGNATURE _____ TITLE & COMPANY _____ DATE _____

THIS SECTION TO BE COMPLETED BY OFM

OFM

PERMIT # _____ PLAN TYPE _____

☐ **APPROVED** ☐ **NOT APPROVED**

COMMENTS:

FIRE MARSHAL OR DEPUTY FIRE MARSHAL SIGNATURE _____ DATE _____

OTHER AHJ CONCURRENCE: ☐ **REQUIRED** ☐ **NOT REQUIRED**

☐ **APPROVED** ☐ **NOT APPROVED**

COMMENTS:

EVALUATED BY:

☐ **BUILDING OFFICIAL**

☐ **OTHER:** _____
TITLE

NAME _____

SIGNATURE _____ DATE _____