Place company/agency letterhead

Request for Alternate Means of Protection

Project Name and Address

Date:

Code Section:

Code Requirement:

Code Intent:

Request:

Justification:

Conclusion:

Prepared by:

Type Firm/Agency here

(Signature)

Name Date

Approved/Disapproved by:

Jason DeWitt

Lead Designated Campus Fire Marshal

UC Davis Health Fire Marshal's Office

Date