



NEW HAMPSHIRE STATE FIRE MARSHAL'S OFFICE
 33 HAZEN DR
 CONCORD, NH 03305
 Phone: 603-223-4289 Fax: 603-223-4294
 FMO@dos.nh.gov



**Request for Variances or Exceptions
 Pursuant to NH Code of Administrative Rules Saf-C 6005.04**

Applicant Name: _____

Mailing Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____

Property Owner: _____

Mailing Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Cell Phone: _____

E-Mail Address: _____

Property Location for which the variance or exception is being requested:

Name of Property: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupancy type: _____ Building Class: _____

Specify the code or rule provision for which this request is applicable.

What is the nature and extent of the relief requested there from, including but not limited to a detailed description, including architectural or engineering plans, of the structure, equipment, property or process that will be affected by the exception or variance, if approved;

Detailed reason for request;

Provide a detailed explanation of how the exception or variance if approved will provide a degree of safety substantially equivalent to that required by the code or rule provision for which the exception or variance is requested;

Attach additional pages if needed and any supporting documents if applicable.

Signature of Applicant: _____ **Date:** _____

Return form to:

**Office of the State Fire Marshal
NH Department of Safety
Bureau of Fire Safety
33 Hazen Dr
Concord NH 03305**

cc: **Local Fire Department**

FIRE MARSHAL'S OFFICE USE ONLY

Date Received: _____ Approved _____ Date Approved _____

Date Assigned: _____ Denied _____ Date Denied: _____

Variance / Exception #: _____ Date Letter Sent: _____

Assigned By: _____ Assigned To: _____