

City of Henderson Building and Fire Safety Department 240 Water Street P.O. Box 95050 Henderson, Nevada 89009-5050

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Fax (702) 267-3603

REQUEST FOR CODE MODIFICATION

BRCM T200

PRACTICAL DIFFICULTIES (Meets Intent of Code)

□ APPROVED	□ DISAPPROVED
Date:	
Project Name:	
Droject Address:	
Owners Name:	
Owners Address:	
INTRODUCTION:	
Type of Construction:	Occupancy Classification:
Number of Stories:	<u> </u>
Sprinkler - Hazard Classification:	
Permit Number(s) to be referenced:	
REQUEST:	
Code and Code Section Affected:	
Code Edition: C	ode Title:
	ection Title:
Code Requirement:	
What is the special individual reason that make	tes the strict letter of the code impractical?
Modification Being Requested:	

REQUEST FOR CODE MODIFICATION

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SUBMITTED BY: (If prepare	d by a registered professional	provide a "wet seal")
Signature	Date	
Nama		
Name Company Name:	Title	
Company Telephone:	Fax:	
Owner or Authorized Repre Signature	sentative's acknowledgemen	nt of this request
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Name	 Title	
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Company Telephone:	Fax:	
DETERMINIATION: ///	:k box on page one)	
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·		
DETERMINATION: (Mark check Reviewed By:		
·	Title	
Reviewed By:	Title	Date