

## **EQUIVALENCY REQUEST**

Date: \_\_\_\_\_ Permit: \_\_\_\_\_

Project Name: \_\_\_\_\_

Address of property: \_\_\_\_\_

Architect: \_\_\_\_\_

Engineer: \_\_\_\_\_

Owner / Representative: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Building construction type: \_\_\_\_\_ Occupancy Class: \_\_\_\_\_ No of Stories: \_\_\_\_\_ Ground floor area: \_\_\_\_\_

*[Note: Form should be re-typed if more space is necessary to provide adequate explanation.]*

Pursuant to Section 1.4 of the Florida Fire prevention Code, and Section 104.11 of the Seminole County Code Ch. 40 Appendix "A". The Fire Official and Building Official may accept alternatives to such codes provided that such alternatives provide a substantially equivalent level of life safety or substantially equivalent material or method of construction.

### **1.0 REQUIREMENTS**

### **2.0 NONCOMPLIANCE**

### **3.0 EQUIVALENT PROTECTION**

### **4.0 COMPENSATORY MEASURES**

**5.0 CORRECTIVE ACTIONS**

**6.0 JUSTIFICATION FOR APPROVAL**

**7.0 OWNER'S SIGNATURE**

_____	_____	_____
Print Name	Signature	Date

**8.0 SIGNATURE AND SEAL OF ARCHITECT/FIRE PROTECTION ENGINEER**

Prepared and Submitted by:

_____	_____	_____
Architect/Engineer	Signature	Date

Seal:

**9.0 COUNTY APPROVAL**

_____	_____	_____
Building Official	Signature	Date

_____	_____	_____
Fire Official	Signature	Date

**CONDITIONS OF ACCEPTANCE:** *[office use only]*

_____
_____
_____
_____
_____

NOT APPROVED. Date: \_\_\_\_\_

**10.0 ATTACHMENTS**

*[Submit attachments as necessary. All attachments including drawings must be 11x17 or smaller size.]*