



# ALTERNATE METHODS & MATERIALS REQUEST FOR SINGLE FAMILY RESIDENCE OR DUPLEX SITE REVIEW

Orange County Fire Authority, Planning & Development Services

## PART 1—APPLICATION (to be completed by owner or owner’s representative)

OWNER’S NAME:	PROJECT NAME:
APPLICANT’S NAME:	PROJECT ADDRESS (NUMBER, STREET, CITY):
APPLICANT’S PHONE NUMBER, INCLUDING AREA CODE:	TOTAL AREA OF STRUCTURE, INCLUDING ATTACHED GARAGE(S):
APPLICANT’S E-MAIL ADDRESS:	OCFA SERVICE REQUEST NUMBER:

The above project does not fully conform to the 2019 California Fire Code. Pursuant to 2019 CFC Appendix Chapter 1, Section 104.9, I am requesting approval of an alternate 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 will be provided on all subsequent plan submittals of this project to the OCFA or Building Department.*

Signature: \_\_\_\_\_ Date \_\_\_\_\_

## PART 2—PROJECT CONSIDERATIONS (to be completed by OCFA Fire Official)

Is this project located in a designated fire area, adjacent to fuel modification or wildland, or other recognized location of concern?

- No  
 Yes:  FHSZ ( SRA,  LRA),  fuel mod/wildland,  Midway City,  other: \_\_\_\_\_

Indicate type(s) of deficiencies (check all that apply and describe degree of deficiency in area provided):

- Hose pull exceeded: amount of deficiency: \_\_\_\_\_ feet  
 Water supply deficient:  pressure,  quantity,  duration,  hydrant spacing/quantity  
 Access to site deficient:  road/cul-de-sac width,  turning radii,  grade >10%  
 Access to structure deficient:  topography/grade change,  obstructions  
 Other/Describe deficiency: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## PART 3—REQUIRED MITIGATION (to be completed by OCFA Fire Official)

The following shall be provided to mitigate those deficiencies identified in Part 2 above. This shall in no way alter or eliminate any other requirements that may also apply to this project.

- Provide 2016 NFPA 13-D sprinkler system:  2-head calc,  3-head calc,  4-head calc  
 Provide additional sprinkler coverage:  small bathrooms/closets,  attic,  covered patios/porches  
 Improve sprinkler performance:  FDC,  minimum size for U/G and O/H supply lines: \_\_\_\_\_ inches  
 Improve access:  on-site fire roadway,  vehicle turnouts,  stairways  
 Other/Describe mitigation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

OCFA Fire Safety Engineer, Official Name/Signature: \_\_\_\_\_

Date \_\_\_\_\_

- APPROVED  NOT APPROVED