

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: _____