

# CSFD Request for Appeal

Date of Request: \_\_\_\_\_ Deadline for Decision: \_\_\_\_\_

## **Project / Facility / Business Information:**

Name: \_\_\_\_\_  
Address / Location: \_\_\_\_\_

## **Applicant Information:**

Name / Title / Organization: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## **Variance Request:**

Which code requirement do you disagree with? (Include Code Section and copy of order notice, citation or inspection report)

What is your proposed solution through alternate means or methods? (Be specific)

**Justification for request:** *(Why do you believe the Code should not be followed? How does your solution address the intent of the Code? Attach additional information/photos)*

## **Information:**

Have you discussed this issue with a Division of the Fire Marshal representative?  Yes  No

If so, with whom? *(If not, you may be contacted for additional discussion)*

Were alternative solutions discussed?  Yes  No

If yes, why were they unacceptable?

<b><i>For CSFD Use Only</i></b>		
Date Received: _____	Date Reviewed: _____	Directed to: _____
<b><u>Resolution / Decision:</u></b>		

**Return completed form to:** CSFD Division of the Fire Marshal  
375 Printers Parkway  
Colorado Springs, CO 80910

Ph: (719) 385-5978  
Fax: (719) 385-7334

*Note: Please remember that all items presented at Fire Board must be turned in to the Secretary of the Fire Board of Appeals for retention. Unless copies are provided, the originals will be retained.*

Further action required:  
Reinspect on:

Name / Title:

Date:

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