ORANGE COUNTY FIRE AUTHORITY

AM&M REQUEST FOR SINGLE FAMILY RESIDENCE OR DUPLEX

AM&M SFR

SECTIONS A, B & C TO BE COMPLETED BY OWNER OR AUTHORIZED REPRESENTATIVE

A. APPLICANT INFORMATION	B. PROJECT INFORMATION
OWNER'S NAME	PROJECT NAME
APPLICANT'S NAME	PROJECT ADDRESS
APPLICANT'S PHONE NUMBER	TOTAL FLOOR AREA, INCL. ATTACHED GARAGES
APPLICANT'S EMAIL	NUMBER OF STORIES

C. PROJECT CONDITIONS & DEFICIENCIES – Attach supporting documents, if any

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

☐ **No** ☐ **Yes:** ☐ Wildfire Risk Area (SRA or LRA VHFHSZ) ☐ fuel mod ☐ Midway City ☐ other:

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

☐ **Hose pull exceeded:** length of building perimeter exceeding hose pull: _____ feet
☐ **Water supply deficient:** ☐ pressure ☐ quantity ☐ duration ☐ hydrant spacing/quantity
☐ **Access to site deficient:** ☐ road/cul-de-sac width ☐ turning radii ☐ no turnaround ☐ grade >15%
☐ **Access to structure deficient:** ☐ topography/grade change ☐ obstructions
☐ **Other/Describe deficiency:**

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

_____ _____ _____
SIGNATURE TITLE & COMPANY DATE

THIS SECTION TO BE COMPLETED BY OCFA

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

☐ **Provide 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/water:** ☐ on-site fire roadway ☐ vehicle turnouts ☐ stairways ☐ FDC & dry standpipe
☐ **Other/Describe mitigation:**

OCFA

AM&M SR	ASSOCIATED SR	PR CODE

☐ **APPROVED** ☐ **NOT APPROVED**

COMMENTS:

_____ _____
FIRE SAFETY ENGINEER SIGNATURE DATE

OTHER AHJ CONCURRENCE: ☐ **REQUIRED** ☐ **NOT REQUIRED**

☐ **APPROVED** ☐ **NOT APPROVED**

COMMENTS:

EVALUATED BY:

☐ **BUILDING OFFICIAL**
☐ **OTHER:** _____
TITLE

_____
NAME

_____ _____
SIGNATURE DATE

REV 8/27/2020