



MATANUSKA-SUSITNA BOROUGH  
 Department of Emergency Services, District 1  
**Central Mat-Su Fire Department**  
 101 West Swanson Avenue • Wasilla, Alaska 99654  
 Phone (907) 373-8802 • Fax 376-9252 • www.cmsfd.com



**APPLICATION FOR MODIFICATION**

(Authority: 18.70.080, 13 AAC 55.130 – Modifications, and IBC 104.10 – 104.11)

Applicant Name: \_\_\_\_\_ Facility Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Plan Review No: \_\_\_\_\_  
 Phone: Fax: \_\_\_\_\_

Cite the specific code reference and the item requested for modification: \_\_\_\_\_  
**Provide** a brief description of the purpose for this request: \_\_\_\_\_

**Provide** a detailed explanation and any supplemental drawings (attach to this application): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Explain why the provisions of the code cannot be met, and how the requested modification will **meet the intent and purpose** of the code. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is the application temporary or permanent? \_\_\_\_\_  
 If temporary, what period of time? \_\_\_\_\_  
 Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

ORIGINAL BUILDING FILE APPLICANT

OFFICIAL USE ONLY

Application No: \_\_\_\_\_  
 Code Section: \_\_\_\_\_

**CENTRAL MAT-SU FIRE DEPARTMENT**  
**DIVISION OF FIRE CODE ENFORCEMENT**  
 101 W Swanson Avenue  
 Wasilla AK, 99654  
 (907) 373-8802

Fire Code Official Signature: \_\_\_\_\_ Special Provision: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Fire Chief Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved : \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_