



Alternate Materials, Design, and Methods Request (AMMR) Construction Questionnaire

Date: _____

Attn: Fire Marshal
Cosumnes Fire Department
10573 E Stockton Blvd
Elk Grove, CA 95624

The system designer should complete Sections 1 through IV and sign where noted. This questionnaire shall accompany the requester's application, along with supporting documentation such as construction plans, site plans, manufacturer specifications, copies of any references, test reports, expert opinions, etc. that clearly support the claims in this request. Additionally, the fee payment for the AMMR is due at time of application and may be made through the online portal. Failure to provide this form will delay the review of the application.

I. Project location:

- a. Permit or Activity Number: _____
- b. Project Name: _____
- c. Project Address: _____
- d. Building Construction Type: _____
- e. Building Area (Sq. Ft.): _____ # of Stories: _____
- f. Building Occupancy: _____
- g. Existing Fire Protection Systems, if applicable (i.e., Sprinklers/Fire Alarm): _____

Provide clear, detailed reasoning statements for Sections II through IV. Provide separate documentation that addresses each section and is attached to this questionnaire.

II. Code/ordinance requirements:

What code sections and/or ordinance requirements do you intend to provide an alternate method of compliance? Cite the exact code section and/or ordinance requirement.



III. Background for alternate methods request:

Briefly explain why the project cannot comply with the code/ordinance as written.

IV. Alternate code compliance:

Articulate your justification for how the proposed alternative provides a measure of protection that is equivalent to or greater than the standards contained in the adopted codes, rules, and regulations for performance, safety, and protection of life and health. Be specific and provide supporting documentation to substantiate all professional opinions.

Upon approval, all the features of the approved AMMR must be incorporated into the drawings.

Requested by: _____ Date _____
Signature

Name: _____
Title: _____



COSUMNES FIRE DEPARTMENT FINDINGS: (STAFF USE ONLY)

Plan Review

Check One: ☐ APPROVAL RECOMMENDED ☐ NOT RECOMMENDED

Notes:

By: _____ Date _____
Plan Reviewer's Signature

Fire Marshal Review

Check One: ☐ APPROVED ☐ DENIED

If approved, this approval is specific to the project and is not transferable.

Notes:

By: _____ Date _____
Assistant Fire Chief /Fire Marshal