



DEPARTMENT OF ADMINISTRATIVE SERVICES

PROPOSED CHANGE OF THE CONNECTICUT STATE
BUILDING CODE AND FIRE SAFETY CODE

DATE SUBMITTED: _____

CODE INFORMATION

Proposed change to: ☐ Building Code ☐ Fire Safety Code

Code section(s): _____

PROPONENT INFORMATION

Name: _____ Representing: _____

Telephone: _____ Email: _____

Address: _____
Street Address Town State Zip Code

PROPOSAL INFORMATION

Description of change and reason for change (attach additional information as needed):

Proposed text change, addition or deletion (attach additional information as needed):

Supporting data and documents (attach additional information as needed)

☐ **This Proposal is original material.** (Note: Original material is considered to be the submitter's own idea based on or as a result of his/her own experience, thought or research and, to the best of his/her knowledge, is not copied from another source.)

☐ **This Comment is not original material, its source (if known) is as follows:** (such as material / code development proposal from a prior development cycle or proposal submitted to model code committee etc.)

☐ **I would like to make an in-person presentation of my proposal.**

Release

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Proponent's Signature

Printed Name

PLEASE EMAIL (PREFERRED) TO DAS.CodesStandards@CT.GOV OR MAIL OR FAX (SEE BELOW)

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