



Storey County Fire Protection District
"Be Nice, Solve Problems, Serve Community"

Request for Alternate Means of Protection or Methods of Construction

Date Submitted: _____ Permit: _____

In accordance with Nevada Revised Statute 477, the undersigned requests approval of alternate means of protection for:

Project Name: _____

Project Address: _____

Subject of Alternative (separate forms must be completed for each different item):

Code Requirement Requesting Mitigation (specify code edition and section):

Justification (attach copies of pertinent information):

Alternate Requested By: _____
Print Name Signature

Requestor Address: _____

Requestor Phone: _____

For Staff Use Only

Date Reviewed: _____

Findings: _____

Approved [☐]

Denied [☐]

Fire Marshal: _____

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