

**City and Borough of Sitka
Building Department
Application for Waiver from Requirement to Install an
Automatic Sprinkler System Under SGC 19.01.015**

Applicant's Name: _____ Date: _____

Mailing Address: _____

Phone: _____ Email: _____

Owner's Name: _____ Phone: _____
(if different from applicant)

Mailing Address: _____

Please include with this application a plot plan which shows the building footprint and the distance to adjacent property lines and structures.

Project Address: _____

Reason for Request: _____

Will anyone sleep in the proposed structure? Yes No

Does/will anyone sleep nearby the proposed structure? Yes No

Would the proposed structure, if it were on fire, present a risk to adjacent property?
Yes No

What will the proposed structure/addition be used for? _____

Will the proposed structure be used for the storage of hazardous materials?
Yes No

If Yes, Explain: _____

Will the proposed structure be used for the storage of flammable or combustible liquids, or carry an unusual fire load of combustible material? Yes No

If Yes, Explain: _____

Signature: _____

\$50.00 + tax \$ _____ = \$ _____ Charge Account# 100-300-320-3201.010