



ORANGE COUNTY FIRE AUTHORITY

AM&M REQUEST FOR SINGLE-FAMILY RESIDENCE OR DUPLEX

AM&M SFR

SECTIONS A, B & C TO BE COMPLETED BY OWNER OR AUTHORIZED REPRESENTATIVE

A. APPLICANT INFORMATION		B. PROJECT INFORMATION	
OWNER'S NAME		PROJECT NAME	
APPLICANT'S NAME		PROJECT ADDRESS	
APPLICANT'S PHONE NUMBER		TOTAL FLOOR AREA, INCL. ATTACHED GARAGES	
APPLICANT'S EMAIL		NUMBER OF STORIES	

C. PROJECT CONDITIONS & DEFICIENCIES – Attach supporting documents, if any

Is this project located in a fire area, adjacent to fuel modification, or other recognized location of concern?
☐ No; ☐ Yes: ☐ Wildfire Risk Area (SRA or LRA HFHSZ & VHFHSZ), ☐ fuel mod, ☐ Midway City, ☐ other:

Indicate type(s) of deficiencies - check all that apply and describe degree of deficiency in area provided:

☐ Hose pull exceeded: length of building perimeter exceeding hose pull: _____ feet
☐ Water supply deficient: ☐ pressure, ☐ quantity, ☐ duration, ☐ hydrant spacing/quantity
☐ Access to site deficient: ☐ road/cul-de-sac width, ☐ turning radii, ☐ no turnaround ☐ grade >15%
☐ Access to structure deficient: ☐ topography/grade change, ☐ obstructions
☐ Other/Describe deficiency:

ALTERNATIVE PROPOSAL (provide brief description)

JUSTIFICATION (explain how the alternative is equal to or exceeds code requirements)

The above project does not fully conform to the 2025 California Fire Code. Pursuant to 2025 CFC Chapter 1, Section 104.2, I am requesting approval of an alternative material and/or method of construction to achieve the intent of the provisions of the code and provide at least an equivalent level of protection to that prescribed therein. I understand that approval of this request applies only to this project and shall not be construed as establishing a precedent for other projects. If approved, a copy of this AM&M request form shall be provided on all subsequent plan submittals of this project to the OCFA or Building Department.

SIGNATURE _____ TITLE & COMPANY _____ DATE _____

THIS SECTION TO BE COMPLETED BY OCFA

OCFA		OTHER AHJ CONCURRENCE: <input type="checkbox"/> REQUIRED <input type="checkbox"/> NOT REQUIRED	
SR #	ASSOCIATED PR CODE	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> FYI	
<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED		COMMENTS:	
COMMENTS:		EVALUATED BY:	
PRINTED NAME _____		<input type="checkbox"/> BUILDING OFFICIAL	
FIRE SAFETY ENGINEER SIGNATURE _____ DATE _____		<input type="checkbox"/> OTHER: _____ TITLE _____	
		NAME _____	
		SIGNATURE _____ DATE _____	