



ORANGE COUNTY FIRE AUTHORITY

AM&M REQUEST FOR SINGLE-FAMILY RESIDENCE OR DUPLEX

**AM&M
SFR**

SECTION 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 OCEA

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