



Department Of Public Safety
 State Fire Marshal Division
 107 Jacobsen Way, Carson City Nevada 89711
 Variance Request Form

Project Name:	SFM Project #:
Location of Project (actual):	
City:	County:
Local Authority Having Jurisdiction:	

Property/Project Owner's Information			
Name:			
Address:	City:	State:	Zip:
Daytime Phone:	E-mail:		

Petitioner's Information			
Name:		Title:	
Address:	City:	State:	Zip:
Daytime Phone:	E-mail:		

Background: (Attach Documentation)

Request: (Attach documentation)

Justification: (Attach documentation)

Submitter's signature and stamp (if applicable):

Date:

State Fire Marshal Office use only-

Date Received:	Base Fee \$110.00	Additional Fee:	Date Reviewed:
Approved:	Approved with exceptions:		Denied:

State Fire Marshal-Date

Local Authority Having Jurisdiction-Date