



BUILDING MODIFICATIONS REQUEST FOR EXEMPTION FROM FULL PLAN REVIEW

IOWA STATE FIRE MARSHAL'S OFFICE
STATE BUILDING CODE BUREAU
215 East 7th Street
Des Moines, IA 50319
Ph: 515-725-6145 Fax: 515-725-6172
Business Hours: 8am - 4:30pm M-F

Official Use Only 2/09

This form shall be completed by a legal representative of Owner or Agency, responsible for work being done. Please send completed form to address listed above or to: bcinfo@dps.state.ia.us

APPLICANT'S INFORMATION (Please type or print legibly)

Firm/Agency Name:	
Firm/Agency Address:	County:
Name of Representative:	Job Title:
Phone No:	Email:

PROJECT INFORMATION

Project Name:	Project Address:
Building Use:	Modified Building Area (SF):

Total Valuation of work (labor & materials): \$

Describe type of proposed work or the type of equipment that is being replaced or installed, and provide any applicable attachments or plans. (Please be specific)

REQUIRED SIGNATURE (Representative listed above)

I hereby certify to the best of my knowledge that all information submitted on this form is accurate and true.
Signature: _____ **Date:** _____

STATE BUILDING CODE BUREAU OFFICE USE ONLY

Work is exempt from full plan review submittal^A Full plan review submittal is required^B

^A This exemption acceptance shall not relieve the applicant from compliance with State Building Code or state regulations and rules.

^B Plan review Submittal form available at: <http://www.dps.state.ia.us/fm/building/forms.shtml>

Reviewing Official: _____ Date: _____