

**OFFICE OF STATE FIRE MARSHAL**

**Sussex County**

Delaware Fire Service Center  
22705 Park Avenue  
Georgetown, DE 19947-6303  
302-856-5298/Fax 302-856-5800

**Kent County (Headquarters)**

Delaware Fire Service Center  
1537 Chestnut Grove Road  
Dover, DE 19904-1544  
302-739-4394/Fax 302-739-3696

**New Castle County**

Delaware Fire Service Center  
2307 MacArthur Road  
New Castle, DE 19720-2426  
302-323-5365/Fax 302-323-5366



**Request for Alternative to the  
Delaware State Fire Prevention Regulations**

**AGENCY USE ONLY**  
Date: \_\_\_\_\_  
Alternative Number: \_\_\_\_\_  
Plan Report Number: \_\_\_\_\_

**PROJECT INFORMATION**

**Project Name:** \_\_\_\_\_  
**Plan Review Report #:** \_\_\_\_\_  
**Address: (Physical Location)** \_\_\_\_\_  
(Street or Road Number & Name) \_\_\_\_\_  
(Shopping Center or Complex) \_\_\_\_\_  
(City/Zip Code) \_\_\_\_\_

**SUBMITTER INFORMATION**

**Company/Firm Name:** \_\_\_\_\_  
**Telephone #:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
(Street or Road Number & Name or PO Box) \_\_\_\_\_  
(Shopping Center or Complex) \_\_\_\_\_  
(City/Zip Code) \_\_\_\_\_

**Name of Company/Firm Representative** \_\_\_\_\_

**Title of Company/Firm Representative** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Representative** **Date**

\_\_\_\_\_  
**Signature of Owner(s)** **Date**

**1. TEXT OF SPECIFIC SECTION OF REGULATION/CODE TO WHICH AN ALTERNATIVE IS REQUESTED:**

- NFPA** ( Code, Edition, Chapter & Section)
- DSFPR** (Regulation #, Chapter & Section)

**2. LIST OR ATTACH PROPOSED SUBSTITUTE/ALTERNATIVE & ANY PERTINENT DOCUMENTATION TO THE ABOVE LISTED CODE:**