



Williamson County Emergency Services District #3

Hutto Fire Rescue

501 Exchange Boulevard, P.O. Box 175

Hutto, TX 78634

FIRE CODE APPEAL

To Appellant:

These forms must be filled out completely. The details of each item being appealed must be included on these forms in order to be considered. Drawings clearly indicating the area and the conditions of each item being appealed must also be submitted with your appeal. Supplemental information such as photos, test data, etc. can be helpful if it is pertinent to the item being appealed. Each item being appealed requires a separate *Appeal Information Sheet*. As many items as desired may be submitted with one *FIRE CODE APPEAL* form.

All mail or hand-delivered appeals must be received by no later than 5:00 PM on the second Friday of each month. In most cases, appeals submitted by these deadlines will be heard the month they are submitted. However, an appeal may be deferred for hearing at a later date due to the number of appeals scheduled for hearing, the complexity of the appeal being submitted, or other unforeseen factors. Also, the "Level" of appeal may determine when the appeal is heard. Official appeal decisions are mailed, but may be available the following day.

Appeal Level

Level 2 - Fire Chief Level 3 - Board of Appeals Level 4 - Board of Commissioners

Project Information (Items in **BOLD** cannot be left blank):

This fire inspection appeal involves (check at least one below)

- | | |
|--|---|
| <input type="checkbox"/> Erection of a new structure | <input type="checkbox"/> Change of Occupancy: from _____ to _____ |
| <input type="checkbox"/> Alteration of an existing structure | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Addition to an existing structure | <input type="checkbox"/> Reconsideration of Appeal #: _____ |

Proposed Use of Structure (e.g., office, retail, etc.) _____

Project Street Address _____

Owner/Occupant Name _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone _____ **Email** _____

Number of stories _____ **Occupancy Group** _____ **Construction Type** _____

Fire Alarms No Yes - Location: _____

Fire Sprinklers No Yes - Location: _____

In accordance with Section 109 of the Fire Code of Williamson County Emergency Services District #3, I hereby submit an appeal for an equivalent life safety and/or fire protection alternative method or modification of the requirements of the Fire Code as outlined in the attached information.

Appellant Name _____ **Company** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone _____ **Email** _____

Appellant signature _____ **Date** _____

For Office Use Only: Received By _____ Date Received _____ Appeal # _____

Appeal Information Sheet

To Appellant:

Each item you are appealing requires a separate *Appeal Information Sheet* to be filled out. All requested information is to be filled out completely with as much detail as possible. **Failure to do so may cause your appeal to be held over until adequate information is received.**

Any modification to the requirements of the Fire Code requires an appeal. A reasonable degree of equivalent life safety and/or fire protection **must** be demonstrated before an appeal may be considered.

Code Section being appealed:

Regulation Requirement:

Proposed Design: (Describe the alternate methods or materials of construction to be used or that exist. Be as specific as possible)

Reason for Alternate: (Describe why the alternate is required and how it will provide equivalent life safety and/or fire protection to what the code requires)

For Office Use Only: Appeal Date _____ Appeal Time _____

Accept Proposed Alternate

Reject Proposed Alternate

Reason for Decision: (Describe why the alternate method or modification is or is not equivalent for life safety and/or fire protection to what the code requires)

This *FIRE CODE APPEAL* has been heard at Level _____. The decision at this level is a final decision.

Signature

Date

Title