

**City and Borough of Sitka  
Building Department  
Application for Waiver from Requirement to Install an  
Automatic Sprinkler System Under SGC 19.10.071**

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*(If different from applicant)*

Mailing Address: \_\_\_\_\_

***Please include with this application a plot plan which shows the building footprint and the distance to adjacent property lines and structures.***

Project Address: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

Will anyone sleep in the proposed structure? Yes  No

Does/will anyone sleep nearby the proposed structure? Yes  No

Would the proposed structure, if it were on fire, present a risk to adjacent property?  
Yes  No

What will the proposed structure/addition be used for? \_\_\_\_\_

Will the proposed structure be used for the storage of hazardous materials?  
Yes  No

If Yes, Explain: \_\_\_\_\_

Will the proposed structure be used for the storage of flammable or combustible liquids, or carry an unusual fire load of combustible material?  
Yes  No

If Yes, Explain: \_\_\_\_\_

Signature: \_\_\_\_\_

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\$50.00 + \_\_\_\_\_ =\$  
tax

Charge Account# 100-300-320-3201.010 - Rev.Code MISC