UNIFORM FIRE PREVENTION AND BUILDING CODE &
ENERGY CONSERVATION CONSTRUCTION CODE

REQUEST FOR A CODE INTERPRETATION
BY THE SECRETARY OF STATE

1. Requesting Party:
   _____ Permit Applicant, _____ Applicants Representative, OR _____ Code Enforcement Official
   Name: ___________________________________________ Telephone: (     ) _____________________
   Address: ___________________________________________ Fax: (     ) ___________________________
   ___________________________________________ email: ________________________________________

2. Authority Having Jurisdiction:
   Name of Local Government ___________________________________________ County: ____________________________
   __ City, __ Town, __ Village, OR __ County __ State Agency
   Code Enforcement Official: ___________________________________________ Telephone: (     ) ______________________
   Address: ___________________________________________ Fax: (     ) ___________________________
   ___________________________________________

3. Code Section in Question:
   19 NYCRR 1220; Residential Code of NYS Section ________________________________________________
   19 NYCRR 1221; Building Code of NYS Section ____________________________________________________
   19 NYCRR 1222; Existing Building Code of NYS Section ______________________________________________
   19 NYCRR 1222; Plumbing Code of NYS Section _____________________________________________________
   19 NYCRR 1223; Mechanical Code of NYS Section ___________________________________________________
   19 NYCRR 1224; Fuel Gas Code of NYS Section ______________________________________________________
   19 NYCRR 1225; Fire Code of NYS Section ___________________________________________________________
   19 NYCRR 1226; Property Maintenance Code of NYS Section __________________________________________
   19 NYCRR 1240; Energy Conservation Construction Code of NYS Section _______________________________
   Code Enforcement Official has been contacted? ___ YES, or ___NO

4. Other Interested Parties:
   Another State Agency: ___________________________ Other outside party: ___________________________
   Contact Person: ___________________________________________ Telephone: (     ) _____________________
   DOS Regional Staff Person has been contacted? ___ YES, or ___NO
   DOS Regional Staff Person NAME: _______________________________________________________________

5. Details of Request: _____________________________________________________________________________
   (attach additional sheets if necessary)
   Requestor’s Signature: ___________________________ Date: __________________