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CODE AMENDMENT FORM

CODE: NFPA / IFC _____

PAGE _____ OF _____

CHAPTER: _____

DATE: _____

PROPONENT: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

FACSIMILE NUMBER: _____

CHECK _____ Revise section to read as follows:

_____ Add new section to read as follows:

ONE: _____ Delete section and substitute the following:

_____ Delete without substitution:

~~LINE THROUGH MATERIAL TO BE DELETED:~~

UNDERLINE MATERIAL TO BE ADDED

Approve

Approve as amended

(SFMO ONLY)

Disapprove

Withdrawn

DESCRIPTION:

REASON/INTENT:

FINANCIAL IMPACT OF PROPOSED AMENDMENT: