

**Residential Fire Blocking Waiver**

**Department of Zoning & Building  
Office of Director  
St. Clair County Building  
Belleville IL 62220-1623**

Zoning Application No. \_\_\_\_\_

Date: \_\_\_\_\_

(DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY)

Permanent Parcel No: \_\_\_\_\_

**Instructions to Applicants:** All information required by this application must be completed and submitted herewith.

1. Name of Owner(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY ZIP CODE

2. Contractor: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY ZIP CODE

3. Address of proposed construction \_\_\_\_\_  
STREET CITY

4. Was the option of installing floor assembly fire blocking offered to you by the constructor or contractor representative? YES NO

5. Were you given a printed informational sheet about fire blocking?  
YES NO

6. Were you given cost estimate for the installation of fire blocking?  
YES NO

7. Did you choose to purchase floor assembly fire blocking for your new residence?  
YES NO

8. If not, what was the reason for the decision?

- a. Cost
- b. Do Not believe it is necessary
- c. Maintenance Concerns
- d. Uncertainty

I understand that the 2012 International Residential Code requires fire protection of floors in new residential construction and I understand that by signing below I waive this section of the Code.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_