

Chapter ILHR 66

APPENDIX A

The material contained in this appendix is for clarification purposes only and is numbered to correspond to the number of the rule as it appears in the text of the code.

A-66.04 (1) (e) Lower thresholds for municipalities with preexisting stricter sprinkler ordinances. Section 101.14 (4m) (d) and (e), Stats., provides the following thresholds above which fire sprinklers or two-hour fire resistance can be required by a municipality with a preexisting stricter sprinkler ordinance.

Class of Construction	Total Floor Area Within Individual Dwelling Units	Number of Units	Total Floor Area of Non-dwelling Unit Portions (Common use areas, such as corridors, stairways, basements, cellars, vestibules, community rooms, laundry rooms, pools, etc.)
Type 1 – Fire resistive Type A	8,000 sq ft	8 units	12,000 sq ft
Type 2 – Fire Resistive Type B			10,000 sq ft
Type 3 – Metal Frame Protected			8,000 sq ft
Type 4 – Heavy Timber			5,600 sq ft
Type 5A – Masonry Protected			
Type 5B – Masonry Unprotected			
Type 6 – Metal Frame Unprotected			
Type 7 – Wood Frame Protected			4,800 sq ft
Type 8 – Wood Frame Unprotected			

The department believes the following municipalities have a preexisting stricter sprinkler ordinance:

Appleton	Greenfield	Muskego	Shorewood Hills
Brookfield	Madison	New Berlin	Sussex
Franklin	Menomonee Falls	Oak Creek	West Allis
Greendale	Monona	Racine	West Bend

A 66.09 to 66.42 Forms. The forms on the following 9 pages (SBD-2, SBDB-118, SBDB-198, SBD-224, SBDB-9720, SBD-9886, and SBD-9890) are referred to in ss. ILHR 66.23 (2); 66.12 (1), 66.15, 66.17 (1) (a), and 66.18 (1) (a); 66.18 (1) (d); 66.23 (2); 66.09 (4); 66.12 (1); and 66.26 (2) (b), (3) (c) and (4); respectively. Copies of these forms are available from the Division of Safety and Buildings, P. O. Box 7969, Madison, Wisconsin 53707.

A 66.24 Certified municipalities. The following municipalities are anticipated to be certified by the department to review plans and conduct inspections under s. ILHR 66.24. This list is current as of the date of printing of this chapter. For information regarding the up-to-date status of a municipality, call 608-267.7586.

FIRST CLASS CITIES

Milwaukee

COUNTIES

Eau Claire

OTHER CITIES

Antigo	Fond du Lac	Mequon	Sheboygan
Appleton	Fort Atkinson	Middleton	Stevens Point
August	Franklin	Monroe	Sturgeon Bay
Beloit	Glendale	Muskego	Sun Prairie
Berlin	Green Bay	New Berlin	Superior
Black River Falls	Greenfield	New Richmond	Tomah
Brookfield	Janesville	Oak Creek	Waukesha
Burlington	Kaukauna	Oconomowoc	Waupun
Cedarburg	Kenosha	Oshkosh	Wausau
Cudahy	LaCrosse	Racine	Wauwatosa
Delafield	Lake Geneva	Rhineland	West Allis
Eau Claire	Madison	Ripon	West Bend
Elkhorn	Marshfield	Seymour	Wisconsin Rapids

VILLAGES

Big Bend	Fontana	Paddock Lake	Twin Lakes
Clinton	Grafton	Plover	Walworth
Dousman	Hartland	Port Edwards	Waterford
Elm Grove	Hortonville	Silver Lake	West Milwaukee
Fall Creek	Johnson Creek	Sussex	

TOWNS

Bloomfield (Walworth)	Grand Rapids (Wood)	Plover (Portage)
Bristol (Kenosha)	Hull (Portage)	Sugar Creek (Walworth)
Cottage Grove (Dane)	LaGrange (Walworth)	Waterford (Racine)
Delavan (Walworth)	Linn (Walworth)	Waukesha (Waukesha)
Geneva (Walworth)	Norway (Racine)	Wheatland (Kenosha)
Grand Chute (Outagamie)	Ottawa (Waukesha)	

Wisconsin Department of Industry,
Labor & Human Relations

INSPECTION REPORT AND ORDERS

Safety and Buildings Division
P.O. Box 7969, Madison, WI 53707

An inspection of the occupancy shown below discloses violations of orders of the Dept. of Industry, Labor and Human Relations promulgated under authority of Chapter 101, Wis. Stats. SEE REVERSE SIDE FOR APPLICABLE WISCONSIN STATUTES. Report when orders are completed. Avoid delay. Forfeiture for unresolved violations are \$10.00 to \$100.00 each day for each violation. Keep the Department informed.

"Failure of an employer to reasonably enforce compliance by employees with such statute or order of the Department shall constitute failure by the employer to comply with such statute or order." (s. 102.57 Wis. Stats.)

Inspection Date	Report Number	File Number	Page
		Device Inspected	
		Located At (number and street address)	
		City	County
		Violations Explained To	
		Compliance Date	

Note	Item	Orders and Requirements	✓ Done	X Not Done
		SAMPLE		

Deputy Name	Deputy's Office Day and Telephone Number
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SBD-25(R,08/90)

BUILDING/STRUCTURE/HVAC PLANS APPROVAL APPLICATION

-Complete Both Sides-

Wisconsin Department of Industry,
Labor & Human Relations
Safety & Buildings Division

Scheduling information - complete
when calling to schedule review.

E-File _____
Plan No. _____

INSTRUCTIONS: Fill in all applicable data. **Caution:** Failure to complete the form entirely may cause additional delay. Submittal of this Plans Approval Application is required for each building. Submit this form with at least 4 sets of plans which include details and data as required by ILHR 50.12. Plans may be submitted to any of the plan review offices listed on the reverse side. Projects are scheduled for review. Please call the selected office prior to submittal. Any components submitted independently from the building plans must be submitted to the offices which did the project's initial review. Personal information you provide may be used for secondary purposes. [Privacy Law s. 15.04 (1)(m)].

1. Owner Information		2. Project Information		3. Building/Structure Designer Information			
Name		Building Occupancy Chapter(s) And Use		Designer	Registration #		
Company Name		Tenant Name (If Any)		Design Firm			
Number & Street		Building Location (Number & Street)		Number & Street			
City, State, Zip Code		<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township of		City, State, Zip Code			
Contact Person		County of		Contact Person			
Telephone Number ()		Property ID No. (tax parcel no. - contact county)		Telephone Number ()	Fax Number ()		
Fax Number ()		Government Owned <input type="checkbox"/> Yes <input type="checkbox"/> No Government Leased or Operated <input type="checkbox"/> Yes <input type="checkbox"/> No		Return Plans To: <input type="checkbox"/> Owner <input type="checkbox"/> Designer <input type="checkbox"/> Other: (specify)			
4. Building History		5. Submittal Request		6. HVAC Designer Information			
Previous Owner (If any)		Project <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Revisions <input type="checkbox"/> Use Change <input type="checkbox"/> ILHR 70 Hist Code		Designer	Registration #		
Previous Plan or File No.		<input type="checkbox"/> Variance <input type="checkbox"/> Preliminary <input type="checkbox"/> Canopy <input type="checkbox"/> Bleacher <input type="checkbox"/> Tower <input type="checkbox"/> Other: (specify)		Design Firm			
Variance No.	Preliminary No.			Number & Street			
Other information (previous use, last submission)		Review Requested: <input type="checkbox"/> Permission to Start <input type="checkbox"/> Footing/Foundation <input type="checkbox"/> HVAC <input type="checkbox"/> Building <input type="checkbox"/> Structural Component		City, State, Zip Code			
7. Building Information		8. Construction Class Requested		Contact Person			
<input type="checkbox"/> Complete Sprinkler - NFPA <input type="checkbox"/> Partial Sprinkler - NFPA <input type="checkbox"/> Unlimited Area <input type="checkbox"/> Smoke Detection <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Emergency Power Total cubic foot volume of the building upon completion of this project: <input type="checkbox"/> Less than 50,000 <input type="checkbox"/> 50,000 or Greater		<input type="checkbox"/> 1. Fire Resistive Type A <input type="checkbox"/> 2. Fire Resistive Type B <input type="checkbox"/> 3. Metal Frame Protected <input type="checkbox"/> 4. Heavy Timber <input type="checkbox"/> 5A. Exterior Masonry - Protected <input type="checkbox"/> 5B. Exterior Masonry - Unprotected <input type="checkbox"/> 6. Metal Frame - Unprotected <input type="checkbox"/> 7. Wood Frame - Protected <input type="checkbox"/> 8. Wood Frame - Unprotected		Telephone Number ()		Fax Number ()	
Total Number of Stories _____ Entire Building Footprint Area _____ sq. ft. Soil Bearing Capacity _____ psf <input type="checkbox"/> Presumed <input type="checkbox"/> Verified		If plans do not show compliance with requested Construction class but are approvable at a lower class, do you wish approval at the lower class? <input type="checkbox"/> Yes <input type="checkbox"/> No		City, State, Zip Code		Supervising Prof (if different from designer)	
Erosion Control Information: <input type="checkbox"/> Less than 5 acres disturbed <input type="checkbox"/> 5 or more acres disturbed		9. Multifamily Dwelling Data Only		Registration #		Number & Street	
<input type="checkbox"/> Energy Tradeoffs Used Building, lighting, and HVAC must be submitted together.		Type of Fire Protection: <input type="checkbox"/> Automatic Sprinkler <input type="checkbox"/> 2 Hour Rating		City, State, Zip Code		Telephone Number ()	
<input type="checkbox"/> Energy Tradeoffs Not Used Building and lighting must be submitted together. HVAC may be submitted separately.		Total Area of Dwelling Units = _____ sq ft Nondwelling Units Portion = _____ sq ft Number of Dwelling Units: (BR = Bedroom) 1BR ___ 2 BR ___ 3 BR ___ 4 BR ___ <input type="checkbox"/> Type 8 Modified 66.33 (2)(b)		Supervising Professional Information		Registration #	
11. Related Business Systems - Please call the respective Program for clarification and plan submittal requirements.		<input type="checkbox"/> Fire Service Provided <input type="checkbox"/> Limited Use/Access <input type="checkbox"/> Passenger elevator meeting ILHR 18 req. <input type="checkbox"/> Freight elevator meeting ILHR 18 req. <input type="checkbox"/> Part 5 lift (residential type) <input type="checkbox"/> Part 20 lift (wheelchair lift)		<input type="checkbox"/> Flammable/Combustible Liquid (608) 266-5824 Will any portion of this building be used for storage or dispensing of flammable/combustible liquids as covered by ILHR 10? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> For Building <input type="checkbox"/> Same as Building Designer <input type="checkbox"/> For HVAC <input type="checkbox"/> Same as HVAC Designer	
<input type="checkbox"/> Boiler/Pressure Vessel (608) 266-1904 <input type="checkbox"/> Mechanical Refrigeration (608) 266-1904 <input type="checkbox"/> Plumbing (608) 266-3815 Sewer: <input type="checkbox"/> Municipal <input type="checkbox"/> Private Sewage System							

- CONTINUED ON REVERSE SIDE -

12. CALCULATION OF FEES

Area: The area of a floor is the area bounded by the exterior surface of the building walls or the outside face of columns where there is no wall. Area includes all floor levels such as subbasements, basements, ground floors, mezzanines, balconies, lofts, all stories and all roofed areas including porches and garages, except for cantilevered canopies on the building wall. Use the roof area for free standing canopies. Total area is the summation of all floor areas.

Attach a separate sheet if necessary for the calculations below:

Floor Level (specify)	Length	X	Width	=	Area
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
Total Area					=

SAMPLE

- Project NOT located in certified municipality (go to Fee Schedule Table 2.31-1)
- Project located in certified municipality (go to Fee Schedule Table 2.31-2)
(See Fee Schedule for list of certified municipalities.)

<input type="checkbox"/> Building and HVAC	Fee \$
<input type="checkbox"/> Building Only	Fee \$
<input type="checkbox"/> HVAC Only	Fee \$
<input type="checkbox"/> Revision to Previously Approved Plan	Fee \$
<input type="checkbox"/> Permission to Start	Fee \$
<input type="checkbox"/> Pre-July 1992 Building Components	Fee \$
<input type="checkbox"/> Other	Fee \$

13. OWNER'S STATEMENT (ILHR 50.11): I request that plans be reviewed for compliance with the code requirements set forth in Chapters ILHR 50-64, 66, 69 of the rules of the department. I recognize that I am responsible for compliance with all code requirements and any conditions of plan approval. If this building exceeds 50,000 cubic feet in total volume, I will retain a supervising professional as required by ILHR 50.10 throughout construction to project completion and the filing of a Compliance Statement by the supervising professional prior to occupancy.

Owner's Signature: _____ (Original) Name & Title _____ (Please Print)

<p>14. DESIGNER'S STATEMENT DESIGN (ILHR 50.07-50.09) if this building, following construction of this project, contains more than 50,000 cubic feet in total volume, plans are required to be prepared, signed, sealed and dated by a Wisconsin registered engineer or architect (ILHR 50.07(2)). Signatures and seals shall be original. I certify that the submitted plans were prepared under my supervision, are accurate, and to the best of my knowledge comply with the applicable codes of the Department of Industry, Labor and Human Relations.</p>	<p>15. SUPERVISING PROFESSIONAL'S STATEMENT (ILHR 50.10) I have been retained by the owner as the supervising professional per ILHR 50.10 for the performance of supervision of reasonable on-the-site observations to determine if the construction is in substantial compliance with the approved plans and specifications. Upon completion of construction, I will file a written statement with the department certifying that, to the best of my knowledge and belief, construction has or has not been performed in substantial compliance with the approved plans and specifications.</p>
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16. ORIGINAL SIGNATURES (Sign in Applicable Space)

Bldg. HVAC Designer and Supervising Professional	Date Signed
Bldg. Designer and Supervising Professional	Date Signed
HVAC Designer and Supervising Professional	Date Signed
Other:	Date Signed
Other:	Date Signed

17. COMPONENTS SUBMITTED SEPARATE FROM BUILDING
The department expects, and requires that the project designer review individual component submittals for compliance with the general design concept. The project designer, and department, will rely on the seal of the component designers for compliance with the codes as they apply to their designs.

Original Signature of Building Designer (Component Submittal)	Date Signed	Name of Component Fabricator
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- | | | | | |
|--|---|---|---|---|
| <p>Hayward Office
209 W. 1st Street
Rt. 8, Box 8072
Hayward, WI 54843
Phone: (715) 634-4870
Fax: (715) 634-5150</p> | <p>La Crosse Office
2226 Rose Street
La Crosse, WI 54603
Phone: (608) 785-9334
Fax: (608) 785-9330</p> | <p>Madison Office
201 E. Washington Ave.
P.O. Box 7969
Madison, WI 53707
Phone: (608) 266-3151
Fax: (608) 261-6699</p> | <p>Shawano Office
1340 E. Green Bay Street
Shawano, WI 54186
Phone: (715) 524-3628
Fax: (715) 524-3633</p> | <p>Waukesha Office
401 Pilot Court, Suite C
Waukesha, WI 53188
Phone: (414) 548-8600
Fax: (414) 548-8614</p> |
|--|---|---|---|---|

Wisconsin Department of Industry,
Labor and Human Relations

PERMISSION TO START CONSTRUCTION

Safety and Buildings Division

**NOTE: This permission is applicable only to projects
having below grade foundation work.**

Additional fees are required. Contact one of the locations listed below for more information.
The information you provide may be used by other government agency programs [Privacy Law, s 14.04 (1)(m)]

HAYWARD OFFICE
209 W 1st Street
Rt. 8, Box 8072
Hayward, WI 54843
Tele: (715) 634-4870
FAX: (715) 634-5150

LA CROSSE OFFICE
2226 Rose Street
La Crosse, WI 54603
Tele: (608) 785-9334
FAX: (608) 785-9330

MADISON OFFICE
201 E Washington Ave
PO Box 7969
Madison, WI 53707
Tele: (608) 266-8735
FAX: (608) 267-9566

SHAWANO OFFICE
1340 E. Green Bay Street
Shawano, WI 54166
Tele: (715) 524-3626
FAX: (715) 524-3633

WAUKESHA OFFICE
401 Pilot Court
Waukesha, WI 53188
Tele: (414) 548-8600
FAX: (414) 548-8614

Street: _____ E-File: _____

City: _____ Plan Number: _____

County: _____ Date Plans Rec'd: _____

Occupancy: _____

SAMPLE

We, the undersigned, request to begin footing and foundation work prior to approval of the plans in accordance with ILHR 50.14.

We understand that no detailed review, other than for compliance with ILHR 50.12 or 50.13, will be conducted by the Department at this time.

We have reviewed the specific code requirements for the building or structure and its use, as set forth in ILHR 50-64, and, where applicable, have shown compliance on the drawings.

We agree to make any changes required after the plans have been reviewed and to remove or replace non-code complying parts of the foundation and/or footings.

We agree to proceed with the footings and foundation only and will not continue with the remainder of the building or structure until approval has been received.

We understand that, prior to the start of construction, a Building Permit must be obtained from the local authorities having jurisdiction in accordance with their laws and ordinances.

We understand that if this project is in an unsewered area, a sanitary permit must be obtained prior to the issuance of a local building permit (ss 101.12 (3) (h)).

We understand that if this project will disturb 5 or more acres of land, an Erosion Control Notice of Intent per ILHR 50.115 shall be filed with the Department.

Owner's Signature: _____
(Original Signature in Ink)

Date Signed: _____

Owner's Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Designer's Signature: _____
(Original Signature in Ink)

Date Signed: _____

Designer's Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Department Action: Approved Not Approved

Review Comments:

Reviewed By: _____ Today's Date _____

SBDB-198 (R. 11/94)



OWNER'S COPY

Wisconsin Department of Industry
Labor & Human Relations

INSPECTION PROGRESS REPORT

Safety and Buildings Division
P.O. Box 7969, Madison, WI 53707

RE:	File Number E-	Plan No.
	Inspection Date: No. 1.	Person Contacted
	2.	
	3.	
	Bldg. Final	
	H & V Final	
	Other Final	
	Compliance Date:	
Office Instruction (Check one):		Supervisory Review
<input type="checkbox"/> Voluntary Compliance		
<input type="checkbox"/> Process SB-2		
<input type="checkbox"/> Violations explained to owner		

TO:

INSPECTION				INSPECTION FINDINGS
✓	Order Corrected	X	Order Not Corrected	
1	2	3	Final	Items listed below should be corrected before the next inspection or final inspection. These items are violations of the Building Code sections noted.

Owner's Name and Address (if different from above):	Deputy's Name:
	Deputy's Signature:
	Deputy's Office Hours and Telephone Number:

Compliance Statement

This form is required to be submitted by the architect, engineer, or HVAC designer (supervising professional) observing construction of projects within buildings with total volumes exceeding 50,000 cubic feet and construction of antennas, towers and bleachers (ILHR 50.10). Failure to submit this form may result in penalties as specified in ILHR 50.26 and/or local ordinances.

General Instructions: Prior to the initial occupancy of new buildings or additions and the final occupancy of altered existing buildings, submit this completed and signed form to:

The municipal building inspection office and also to
DILHR, Safety and Buildings, P.O. Box 7969, Madison, WI 53707

Personally identifiable information may be used for other purposes.

1. PROJECT INFORMATION: (Use the DILHR or municipal project label, or type or print the information.)

	Owner Information	Project Information
L A B E L H E R E	Name	Building Occupancy Chapter(s) & Use
	Company Name	Tenant Name (if any)
	Number and Street	Building Location (number & street)
	City	<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of
	State and Zip Code	County of
	Plan or Reference Number	Property Identification Number
	Name and Registration Number of the Building Supervising Professional	Building Project #
	Name and Registration Number of the HVAC Supervising Professional	HVAC Project #

SAMPLE

2. PURPOSE OF THIS STATEMENT: (Check Box A, B, or C to indicate purpose and complete any other applicable boxes and information. Attach additional pages if necessary.)

- Building and HVAC Building Only HVAC Only
 Partial Completion

Description of Portion Completed _____

A) Statement of Substantial Compliance

To the best of my knowledge, belief, and based on onsite observation, construction of the following building and/or HVAC items applicable to this project have been completed in substantial compliance with the approved plans and specifications.

BUILDING ITEMS

1. Structural system including submittal and erection of all building components (trusses, precast, metal building, etc.)
2. Fire protection systems (sprinklers, alarms, smoke detectors) designed and installed by appropriately registered professionals
3. Exits including exit and directional lights
4. Shaft and stairway enclosures
5. Fire-resistive construction, enclosure of hazards, fire walls, labeled doors, class of construction
6. Sanitation system (toilets, sinks, drinking facilities)
7. ILHR barrier free requirements
8. All conditions of building plan approval and applicable variances

HVAC ITEMS

1. HVAC system including final test (ILHR 64.53)
2. All conditions of HVAC plan approval and applicable variances

The following items are not in compliance and must be addressed: _____

B) Statement of Noncompliance

Due to the following listed violations, this project is not ready for occupancy: _____

C) Supervising Professional Withdrawn From Project

(Use A or B above to indicate project status as of this date.)

Date Withdrawn _____

D) Abandoned

3. SIGNATURES:

Building Supervising Professional _____

Date _____

HVAC Supervising Professional _____

Date _____

SBD-9720 (R. 01/94)

Site Info

Subdivision _____
 Lot No. _____ Block No. _____
 Zoning District _____
 ___/4, ___/4, SEC __, T __, N, R __ E or W
 Parcel No. _____
 Setbacks:
 Front Yard _____ feet
 Rear Yard _____ feet
 Left Yard _____ feet
 Right Yard _____ feet

Inspection

Phase	RGH	FNL	Ero- sion
Footing			
Foundation			
Bsmt. Drain Tiles			
Construction			
Plumbing			
Heat/Vent/AC			
Electrical			
Insulation			
Occupancy			

NOTICE OF NONCOMPLIANCE

This issuing jurisdiction shall notify the applicant in writing of any violations to be corrected. All cited violations shall be corrected within 30 days after notification, unless extension time is granted.

The issuing jurisdiction may require this card to be posted until the final inspection has been made. This permit will expire 24 months after the date of issuance if the building's exterior has not been completed.

WISCONSIN UNIFORM MULTIFAMILY BUILDING PERMIT # _____

Project:

Issued to	Owner (Agent)
	Building Site Address
	City, Village, Town, County

SAMPLE

Issued by	Person Issuing	Cert. No.
	Date Issued	Telephone Number

Comments:

The information you provide may be used by other agency programs (Privacy Law, s. 15.04(1)(m)).

WISCONSIN 101.973

Wisconsin Department of Industry,
Labor and Human Relations

Safety and Buildings Division
201 E. Washington Avenue
P O Box 7969
Madison, WI 53707
Telephone: (608) 266-3151

Dept. Use Only
Plan No. _____
Amount Paid _____

PETITION FOR VARIANCE APPLICATION

Page 1 of _____

PLEASE TYPE OR PRINT CLEARLY - Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04 (1)(m)].

1. Owner Information		2. Project Information		3. Designer Information	
Name		Building Occupancy Chapter(s) and Use		Designer	Registration No.
Company Name		Tenant Name (if any)		Design Firm	
Number and Street		Building Location (number and street)		Number and Street	
City, State, Zip Code		<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township of		City, State, Zip Code	
Contact Person		County of		Contact Person	
Telephone Number () () ()	FAX Number () () ()	Property ID # (tax parcel # - contact county)		Telephone Number () () ()	FAX Number () () ()

SAMPLE

4. Plan Review Status

<input type="checkbox"/> On hold	<input type="checkbox"/> Already built
<input type="checkbox"/> Preliminary design	<input type="checkbox"/> Built according to older code but must be brought into compliance with current code
<input type="checkbox"/> Approved, requesting revision	<input type="checkbox"/> Plan will be submitted after petition determination
<input type="checkbox"/> Submitted with petition	<input type="checkbox"/> Other

Review by
 State Municipality

Plan Number _____

5. State the code section being petitioned AND the specific condition or issue you are requesting be covered under this petition for variance.

6. Reason why compliance with the code cannot be attained without the variance.

7. State your proposed means and rationale of providing equivalent degree of health, safety, or welfare as addressed by the code section petitioned.

8. List attachments to be considered as part of the petitioner's statements (i.e., model code sections, test reports, research articles, expert opinion, previously approved variances, pictures, plans, sketches, etc.).

VERIFICATION BY OWNER - PETITION IS VALID ONLY IF NOTARIZED WITH AFFIXED SEAL AND ACCOMPANIED BY REVIEW FEE (See Section ILHR 2.52 for complete fee information)
Note: Petitioner must be the owner of the building or project. Tenants, agents, designers, contractors, attorneys, etc., shall not sign petition unless Power of Attorney is submitted with the Petition for Variance Application.

_____, being duly sworn, I state as petitioner that I have read the foregoing petition and I believe it is true and that I have significant ownership rights to the subject building or project.

Petitioner's Signature	Subscribed and sworn to before me this date	Notary Public	My commission expires on
------------------------	---	---------------	--------------------------

Complete other side for variance requests from ILHR 20-25 and ILHR 50-64. SBD-9890 (R.11/95)

A-66.42 (3) Example to determine total aggregate exit width.

5	300
4	400
3	500
2	200
1	600
B ₁	100
B ₂	300
B ₃	400

Grade

Type No. 1 sprinklered construction.

Aggregate exit width required from a floor into the stairwell is 30 inches per 100 people on that floor; i.e.,

5th floor to stairwell = $3 \times 30 = 90''$

4th floor to stairwell = $4 \times 30 = 120''$

3rd floor to stairwell = $5 \times 30 = 150''$

etc.

Total stair width required:

5th to 4th — $300 \text{ persons (100\%)} \times 30''/100 \text{ persons} = 90''$

4th to 3rd — $[400 \text{ persons (100\%)} + 300 \text{ persons (50\%)}] 30''/100 \text{ persons} = 165''$

3rd to 2nd — $[500 \text{ persons (100\%)} + 400 \text{ persons (50\%)} + 300 \text{ persons (25\%)}] 30''/100 \text{ persons} = 232.5''$

2nd to 1st — $[200 \text{ persons (100\%)} + 500 \text{ persons (50\%)} + 400 \text{ persons (25\%)}] 30''/100 \text{ persons} = 165'' \text{ (Use } 232.5'')$

1st to exterior — $[600 \text{ persons (100\%)} + (200 \text{ persons} + 100 \text{ persons}) (50\%) + (500 \text{ persons} + 300 \text{ persons}) (25\%)] 30''/100 \text{ persons} = 285''$

B₁ to 1st — $[100 \text{ persons (100\%)} + 300 \text{ persons (50\%)} + 400 \text{ persons (25\%)}] 30''/100 \text{ persons} = 105'' \text{ (Use } 150'')$

B₂ to B₁ — $[(300 \text{ persons (100\%)} + 400 \text{ persons (50\%)})] 30''/100 \text{ persons} = 150''$

B₃ to B₂ — $400 \text{ persons (100\%)} \times 30''/100 \text{ persons} = 120''$

Stair width required from B₁ to 1 is 150'' as stair cannot decrease in width along path to exit (ILHR 66.38 (3) (b)).