

## Chapter ILHR 70

### APPENDIX

The material contained in the appendix is for clarification purposes only. The notes and illustrations are numbered to correspond to the number of the rule as it appears in the text of the code. All references to "copies of these forms are available from the department" means the following:

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

**A 70.03 Election of Code.** The following is a reprint of s. ILHR 50.04 of the building code which identifies buildings exempt from code requirements.

**ILHR 50.04 Buildings exempt from code requirements.** This code does not apply to the following types of buildings:

- (1) One- and 2-family dwellings and outbuildings in connection therewith such as barns and private garages.
- (2) Buildings used exclusively for farming purposes.

**Note:** For a definition of "farming," see s. 102.04 (3), Stats.

- (3) Buildings used primarily for housing livestock or for other agricultural purposes, located on research or laboratory farms of public universities or other state institutions.
- (4) Temporary buildings, used exclusively for construction purposes, not exceeding 2 stories in height, and not used as living quarters.
- (5) Buildings located on Indian reservation land held in trust by the United States.
- (6) Buildings owned by the federal government. Buildings owned by other than the federal government and leased to the federal government are not exempt.
- (7) Bed and breakfast establishments as defined in s. ILHR 51.01 (11a).
- (8) Community-based residential facilities located in existing buildings and providing care, treatment and services to 3 to 8 unrelated adults.

**A 70.05 Verification of a Qualified Historic Building.** The following form must be completed by the Preservation officer from the State Historical Society or a certified municipality.

#### WISCONSIN HISTORIC BUILDING CODE VERIFICATION OF HISTORIC STATUS

**INSTRUCTIONS:** In order to take advantage of the historic building code, your building must be verified as being a "qualified historic building." To obtain verification, you must complete this form and mail it to either the State Historical Society, or to an authorized representative of your municipality, as indicated below.

Please include with your application, photographs of the outside of the building. The photos should illustrate the building from the most visible sides.

#### HISTORIC STATUS OF PROPERTY (CHECK ONE)

- ( ) Property is individually listed in the National Register of Historic Places
- ( ) Property has been nominated to the National Register, but is not yet listed
- ( ) Property is located within a National Register historic district

BUILDING CODE VERIFICATION  
Historic Preservation Division

## ILHR 70 Appendix

## MAIL FORM TO:

State Historical Society  
816 State Street  
Madison, Wisconsin 53706

- ( ) Property is individually listed in a certified municipal register of historic property  
( ) Property is located within an historic district listed in a certified municipal register

## MAIL FORM TO:

The authorized official in your municipality. Contact your local government for more information.

**BUILDING AND OWNERSHIP DATA**

NAME AND ADDRESS OF OWNER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number of owner during day  
( ) \_\_\_\_\_

ADDRESS OF HISTORIC BUILDING: \_\_\_\_\_  
\_\_\_\_\_

NAME OF HISTORIC DISTRICT (IF APPLICABLE): \_\_\_\_\_

HISTORIC NAME OF BUILDING (IF KNOWN): \_\_\_\_\_

**FOR STATE HISTORICAL SOCIETY USE ONLY**

- ( ) I hereby verify that the above-mentioned property is a qualified historic building for purposes of the Wisconsin Historic Building Code.

DATE \_\_\_\_\_

SIGNATURE: STATE HISTORIC PRESERVATION OFFICER \_\_\_\_\_

**FOR CERTIFIED MUNICIPAL USE ONLY**

- ( ) I hereby verify that the above-mentioned property is a qualified historic building for purposes of the Wisconsin Historic Building Code.

DATE \_\_\_\_\_

SIGNATURE: AUTHORIZED MUNICIPAL OFFICIAL \_\_\_\_\_

**A 70.05 Verification of Qualified Historic Building.**

The following is information on the process for certification of Historic Preservation ordinances which will be handled through the State Historical Society.

**Certification of Historic Preservation Ordinances  
for the  
Wisconsin Historic Building Code**

1. *Background.* In accordance with Wisconsin Statutes 101.121 and 44.22 (9), a municipality (city, village, town or county) may request the State Historical Society of Wisconsin to certify its local historic preservation ordinance in order to establish a "certified municipal register of historic property" to qualify locally designated historic buildings for the Wisconsin Historic Building Code.

The purpose of the Wisconsin Historic Building Code, which has been developed by the Department of Industry, Labor and Human Relations, is to facilitate the preservation or restoration of designated historic buildings through the provision of alternative building standards. Owners of qualified historic buildings are permitted to elect to be subject to the Historic Building Code in lieu of any other state or municipal building codes.

For purposes of the Historic Building Code, a "qualified historic building" is defined as an historic building which:

1. Is listed in, or nominated by the State Historical Society for listing in, the National Register of Historic Places in Wisconsin;

2. Is included in a district which is listed in, or has been nominated by the State Historical Society for listing in, the National Register of Historic Places in Wisconsin, and has been determined by the State Historical Society to contribute to the historical significance of the district;

3. Is listed in a certified municipal register of historic property; or

4. Is included in a district which is listed in a certified municipal register of historic property, and has been determined by the municipality to contribute to the historic significance of the district.

2. *Certified municipal register of historic property: certification requirements.* A "certified municipal register of historic property" is a local register of historic properties which have been designated under an historic preservation ordinance promulgated by a city, village, town or county if the ordinance is certified by the State Historical Society of Wisconsin.

The State Historical Society will certify a municipal historic preservation ordinance for purposes of the Historic Building Code if the ordinance does all of the following:

1. Contains criteria for the designation, in a municipal register, of historic structures and historic districts which are substantially similar to the criteria for inclusion in the National Register of Historic Places in Wisconsin;

2. Provides a procedure for the designation of historic structures or historic districts which includes, at a minimum, a nomination process, public notice of nominations and an opportunity for written and oral public comment on nominations;

3. Provides for the exercise of municipal control by ordinance, to achieve the purpose of preserving and rehabilitating historic structures and historic districts;

4. Creates a municipal historic preservation commission.

Information on historic preservation ordinances, including the publication, *Historic Preservation Law in Wisconsin*, which contains a model ordinance, is available from the State Historical Society of Wisconsin.

3. *To request certification.* To request certification of a municipal historic preservation ordinance, the chief elected local official is required to send to the State Historic Preservation Officer, State Historical Society of Wisconsin, 816 State Street, Madison, WI 53706, the following materials:

1. A letter signed by the chief elected local official requesting certification of the municipal historic preservation ordinance for the purposes of the Historic Building Code;

2. A copy of the historic preservation ordinance, including the date the ordinance was enacted;

3. A list of locally designated historic properties and districts, including addresses, presently on the municipal register of historic property; and

4. The name, address and telephone number of the local official or person authorized to certify the eligibility of local qualified historic buildings for purposes of the Historic Building Code.

The State Historic Preservation Officer will respond to requests for certification within 30 days of receipt.

4. *Further information.* Questions concerning the certification of local historic preservation ordinances or nominations of properties to the National Register of Historic Places should be directed to the Historic Preservation Division, State Historical Society of Wisconsin, 816 State Street, Madison, WI 53706, telephone (608) 262-1339.

**Note:** *The Certified Local Government program in Wisconsin.* The Certified Local Government (CLG) program in Wisconsin is a separate program from the certification of municipal ordinances for the Historic Building Code. However, the two programs are related and can be applied for simultaneously. The CLG program is designed to foster a closer working relationship among local, state and federal historic preservation programs. Wisconsin municipalities that have enacted historic preservation ordinances and have established local historic preservation programs may apply for CLG status in accordance with the National Historic Preservation Amendments Act of 2180 and the "Procedures for the Certification of Local Governments in Wisconsin."

CLGs, in addition to being certified for the Historic Building Code, are eligible to apply for special CLG matching grants to carry out certain local historic preservation activities to improve their preservation programs and to maintain their qualifications as CLGs.

The CLG program in Wisconsin and the requirements for CLG certification are described in a booklet entitled "Procedures for the Certification of Local Governments in Wisconsin," which is available from the State Historical Society of Wisconsin.

**A 70.07 Plan Examination.** Form SB-118 is required to be submitted along with the plans and specifications submitted for examination and approval. Copies of the form are available from the department.

**BUILDING/STRUCTURE/HVAC PLANS APPROVAL APPLICATION**

- Complete Both Sides -

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

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 T2. 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 office which did the project's initial review.

<b>1. Owner Information</b>		<b>2. Project Information</b>		<b>3. Building or Structure Designer Information</b>	
Name _____		Building Occupancy Chapter(s) And Use: _____		Designer _____ Registration # _____	
Company Name _____		Tenant Name (if Any) _____		Design Firm _____ Project # _____	
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 _____		Contact Person _____	
Telephone Number ( ) _____		Property (tax parcel no. - contact county) _____		Telephone Number ( ) _____ Fax Number ( ) _____	
Fax Number ( ) _____		Government Owned <input type="checkbox"/> Yes <input type="checkbox"/> No		Return Plans To: <input type="checkbox"/> Owner <input type="checkbox"/> Designer	
		Government Leased Or Operated <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Other: (specify) _____	
<b>4. Building History</b>		<b>5. Construction Class Requested</b>		<b>6. HVAC Designer Information</b>	
Previous Owner(s) (if any) _____		<input type="checkbox"/> 1 Fire Resistive Type A		Designer _____ Registration # _____	
Previous Plan or File No _____		<input type="checkbox"/> 2 Fire Resistive Type B		Design Firm _____ Project # _____	
Variance No _____ Preliminary No _____		<input type="checkbox"/> 3 Metal Frame - Protected		Number & Street _____	
Other Information (previous use, last submission) _____		<input type="checkbox"/> 4 Heavy Timber		City, State, Zip Code _____	
		<input type="checkbox"/> 5A Exterior Masonry - Protected		Contact Person _____	
		<input type="checkbox"/> 5B Exterior Masonry - Unprotected		Telephone Number ( ) _____ Fax Number ( ) _____	
		<input type="checkbox"/> 6 Metal Frame - Unprotected			
		<input type="checkbox"/> 7 Wood Frame - Protected			
		<input type="checkbox"/> 8 Wood Frame - Unprotected			
		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			
<b>7. Building Information</b>		<b>8. Submittal Request</b>		<b>9. Supervising Professional Information</b>	
<input type="checkbox"/> Complete Sprinkler - NFPA _____		<b>Project</b>		<input type="checkbox"/> For Building	
<input type="checkbox"/> Partial Sprinkler - NFPA _____		<input type="checkbox"/> New		<input type="checkbox"/> Same As Building Designer	
<input type="checkbox"/> Unlimited Area		<input type="checkbox"/> Alteration		<input type="checkbox"/> For HVAC	
<input type="checkbox"/> Fire Alarm <input type="checkbox"/> Emergency Power		<input type="checkbox"/> Addition		<input type="checkbox"/> Same As HVAC Designer	
<input type="checkbox"/> Smoke Detection <input type="checkbox"/> Hazard Enclosure		<input type="checkbox"/> Revisions		Supervising Prof (if different from designer) _____	
Total Number of Stories _____		<input type="checkbox"/> Use Change		Registration # _____	
Building Footprint Area _____ sq ft		<input type="checkbox"/> ILHR 70 Hist. Code		Number & Street _____	
Soil Bearing Capacity _____ psf		<input type="checkbox"/> Variance		City, State, Zip Code _____	
<input type="checkbox"/> Verified <input type="checkbox"/> Presumed		<input type="checkbox"/> Precast		Telephone Number ( ) _____	
Erosion Control Information		<input type="checkbox"/> Structural			
<input type="checkbox"/> Less Than 5 Acres Distributed		<input type="checkbox"/> Laminated Wood			
<input type="checkbox"/> 5 or More Acres Distributed		<input type="checkbox"/> Metal Building			
		<input type="checkbox"/> Joist/Girder			
		<input type="checkbox"/> Tower			
		<input type="checkbox"/> Other: (specify) _____			
<b>10. Related Business Systems - Please call the respective Program for clarification and plan submittal requirements.</b>					
<input type="checkbox"/> Elevators (608-267-3576) includes: <input type="checkbox"/> Fire Service Provided <input type="checkbox"/> Limited Use/Access <input type="checkbox"/> Passenger elevator <input type="checkbox"/> Freight elevator <input type="checkbox"/> Part 5 (residential lift) <input type="checkbox"/> Part 20 (wheelchair lift)		<input type="checkbox"/> Flammable/Combustible Liquid (608-267-1379) 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"/> Boiler/Pressure Vessel (608-266-1904) <input type="checkbox"/> Mechanical Refrigeration/AC (608) 266-1904 over 50 tons or involving use of ammonia <input type="checkbox"/> Municipal Sewer <input type="checkbox"/> Private Sewage System	

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	= _____

- 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	\$	_____
		Total Fee	= \$ _____

SAMPLE

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 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: \_\_\_\_\_ Name & Title \_\_\_\_\_  
Original Print

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.

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.

Total cubic foot volume of the building upon completion of this project:  Less Than 50,000  50,000 or Greater

Design loads have been indicated on the plans. ....  Yes  N/A

Firewall schematic plan has been included. ....  Yes  N/A

All applicable items required by ILHR 50.12 have been included. ....  Yes  N/A

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.

Original Signature of Building Designer ( <small>Building Submittal</small> )	Date Signed	Original Signature of HVAC Designer	Date Signed
Original Signature of Building Designer ( <small>Component Submittal</small> )	Date Signed	Name of Component Fabricator	

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 or 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.

Original Signature of Professional Supervising The Building	Date Signed	Original Signature of Professional Supervising The HVAC	Date Signed
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<b>Hayward Office</b> 209 W. 1st Street Rt 8, Box 8072 Hayward, WI 54943 Phone (715) 634-4870 Fax (715) 634-5150	<b>La Crosse Office</b> 2226 Rose Street La Crosse, WI 54603 Phone (608) 785-9334 Fax (608) 785-9330	<b>Madison Office</b> 201 E. Washington Ave. P.O. Box 7969 Madison, WI 53707 Phone (608) 266-8735 Fax (608) 267-9566	<b>Shawano Office</b> 1340 E. Green Bay Street Shawano, WI 54166 Phone (715) 524-3626 Fax (715) 524-3633	<b>Waukesha Office</b> 401 Pilot Court, Suite C Waukesha, WI 53188 Phone (414) 548-8600 Fax (414) 548-8614
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The information you provide may be used by other government agency programs [Privacy Law, s. 15.04 (1) (m)].

A 70.08 Approvals. Form SB-198 is required to be submitted along with plans and specifications submitted for permission to start construction. Copies of the form are available from the department.

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: \_\_\_\_\_

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: \_\_\_\_\_ Designer's Signature: \_\_\_\_\_
Date Signed: \_\_\_\_\_ Date Signed: \_\_\_\_\_
Owner's Name: \_\_\_\_\_ Designer's Name: \_\_\_\_\_
Street: \_\_\_\_\_ Street: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Department Action:  Approved  Not Approved

Review Comments:



Reviewed By: \_\_\_\_\_

Today's Date \_\_\_\_\_

OWNER'S COPY

**A 70.14 Petition for Variance.** The following forms are required when an owner petitions the department for a variance. Copies of these forms are available from the department.

Wisconsin Department of Industry,  
Labor and Human Relations

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

<b>Dept. Use Only</b>
Plan No. _____
Amount Paid _____

**Petition For Variance Application**

Page 1 of \_\_\_\_\_

**PLEASE TYPE OR PRINT CLEARLY** - The information you provide may be used by other government agency programs [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 #
Company Name		Tenant Name (if any)		Design Firm	
Number and Street		Project Location (number and street)		Number and Street	
City, State and Zip Code		<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township of _____		City, State and Zip Code	
Contact Person		County		Contact Person	
Telephone Number ( ) ( )	Fax Number ( ) ( )	Prop ID # (tax parcel # - contact county)		Telephone Number ( ) ( )	Fax Number ( ) ( )

**4. Plan Review Status**

Review By:  State     Municipality

Plan Number \_\_\_\_\_

<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

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.

Petitioner's Name (type or print) _____			
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**

SBD-9890 (R 05/94)

Owner's Name	Project Location	Plan Number
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### Fire Department Position Statement

Page 2 of \_\_\_\_\_

To be completed for variances requested from ILHR 50-64, ILHR 10, and other fire related requirements

I have read the petition for variance and recommend: (check appropriate box)

- Approval    
 Conditional Approval    
 Denial    
 No Comment

Explanation for recommendation including any conflicts with local rules and regulations and suggested conditions:

SAMPLE

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Fire Department Name and Address	
Fire Chief or Designee Name (type or print)	Telephone Number
Fire Chief or Designee Signature	Date Signed

### Municipal Building Inspection Recommendation

To be completed for variances requested from ILHR 20-23, also to be used if ILHR 50-64 plan review is by municipality or orders are written on the building under construction; optional in other cases.

I have read the petition for variance and recommend: (check appropriate box)

- Approval    
 Conditional Approval    
 Denial    
 No Comment

Explanation for recommendation including any conflicts with local rules and regulations and suggested conditions:

SAMPLE

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Municipality Exercising Jurisdiction	
Municipal Official 's Name and Address (type or print)	Telephone Number
Municipal Enforcement Official's Signature	Date Signed