

APPENDIX

The material contained in the Appendix is for clarification purposes only.

The following forms (SB-8, SB 8-A, SB 8-B, SBD-6689, SBD-6690) are referred to in s. ILHR 3.03. Copies of these forms are available from the Division of Safety and Buildings, P.O. Box 7969, Madison, Wisconsin 53707.

WISCONSIN ADMINISTRATIVE CODE

HLIR 3

PETITION FOR MODIFICATION
OF A RULE IN THE
WISCONSIN ADMINISTRATIVE CODE

WISCONSIN DEPARTMENT OF
INDUSTRY, LABOR AND HUMAN RELATIONS
DIVISION OF SAFETY & BUILDINGS
P.O. BOX 1369, MADISON, WI 53707

OFFICE USE ONLY		
Petition No.		
E-Number		
E-		

Name of Owner	Building Occupancy or Use	Agent, Architect or Engineering Firm
Company	Tenant Name, if any	Serial & No.
Street & No.	Building Location, Street & No.	City
City	State & Zip	State & Zip
	City	County
		Phone

Plan Number(s)
—IF KNOWN—

1. Rule Ind. _____ of the Wisconsin Administrative code cannot be entirely satisfied because:

2. In lieu of complying exactly with the rule, the following alternative is proposed as a means of providing an equivalent degree of safety:

3. Supporting arguments are:

VERIFICATION BY OWNER—PETITION IS VALID ONLY IF NOTARIZED
For Fee Information See Ind. 89.15 or Contact The Department at (608) 265-1935

_____ being duly sworn, says he is petitioner herein, thus he has read the foregoing petition and that the same is true, as he verily believes.

Signature of Owner _____
Subscribed and sworn to me this _____ day of 19____,
_____ County, Wisconsin.

Notary Public _____
My commission expires: _____
DLS:MS:G:IN 01-82

OFFICE USE ONLY		
Date Received	Amount Paid	Receipt No.
Department Action		
Office of The Secretary	Date	

INDUSTRY, LABOR AND HUMAN RELATIONS
ILHR 3

9

POSITION STATEMENT:
To be completed by
Chief of Fire Department
S9 8 A (3-77)

WISCONSIN DEPARTMENT OF
INDUSTRY, LABOR AND HUMAN RELATIONS
DIVISION OF SAFETY & BUILDINGS
P.O. BOX 7969 MADISON WI 53707

Name of Owner	Building Occupancy or Use	Agent, Architect or Engineering Firm			
Company	Tenant Name, if any	Street & No.			
Street & No.	Building Location, Street & No.	City	State & Zip		
City	State & Zip	City	County	Phone	
1. I have read the petition for modification of rule: and					
2. I recommend (Check appropriate box)		Denial	Approval	Conditional Approval	No Comment*
3. Explanation for Recommendation:					
<p>* If desired, Fire Departments may indicate "No Comment" on non-fire safety issues such as sanitary, energy conservation, structural, barrier free environments, etc.</p>					
4. <input type="checkbox"/> I find no conflict with local rules and regulations <input type="checkbox"/> I find that the petition is in conflict with local rules and regulations					
Explanation:					
Signature of Fire Chief				Date	

PLEASE COMPLETE AND SUBMIT PROMPTLY TO DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS AT THE ADDRESS SHOWN ABOVE.

POSITION STATEMENT
To Be Completed By
Dept. of H&SS
Division of Health
538 B (R. 10/84)

Wisconsin Department of Industry, Labor and Human Relations
DIVISION OF SAFETY & BUILDINGS
P.O. Box 7969, Madison, WI 53707

Name of Owner of Building		Title			
Street	City	State	Zip	Phone No.	
Building Identification		Street & No. (if applicable)		City & County	
Architect or Engineer		Street & No.		City & State	
1. I have read the Petition for Modification of Rule, etc.					
2. I recommend (check appropriate box)		Denial	Approval	Conditional Approval	No Comment
3. Our Plan or Inspection indicates that this building is <input type="checkbox"/> Permissive type 1 or 2 (see Ind. 51.03(1) or (2)). <input type="checkbox"/> Not					
4. Explanation for Recommendation NOTE - If the answer to item 3 is NO, and your recommendation is approval, an explanation is required.					
5. <input type="checkbox"/> I find no conflict with H & SS Rules and Regulations <input type="checkbox"/> I find that the petition is in conflict with H & SS Rules and Regulations as set forth below EXPLANATION:					
Signature and Title					Date

Please complete and submit PROMPTLY to
DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS
at the address shown above.

Petition for Modification of an Administrative Rule PRIVATE SEWAGE	WISCONSIN DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS DIVISION OF SAFETY & BUILDINGS P.O. BOX 1969, MADISON, WI 53707	OFFICE USE ONLY
		Petition No. ID No.

Name of Owner	Business Occupancy or Use	Agent, Architect or Engineering Firm or Master Plumber
Company	Trade Name, if any	
Street & No.	Business Location, Street & No.	Street & No.
City State & Zip	City County	City State & Zip
Phone	Plan Number (if known)	Phone

Type of Petition Fee \$	<input type="checkbox"/> Set Backs (Soil Absorption and Septic Systems)	<input type="checkbox"/> Experimental and Loading Rates	<input type="checkbox"/> Site Evaluations
LEGAL DESCRIPTION			
_____ 1/4, _____ 1/4, Section _____, T _____, N, R _____, E (or) W, Township _____			
Subdivision Name _____ County _____			

WISCONSIN ADMINISTRATIVE RULE BEING PETITIONED
1. Rule _____ of the Wisconsin Administrative code cannot be entirely satisfied due to the following reasons: _____ _____ _____
2. In lieu of complying exactly with the rule, the following alternative is proposed as a means of providing an equivalent degree of safety or health: _____ _____ _____
3. Supporting arguments (For site evaluations, include Form 115—"Report on Soil Boring and Percolation Tests") _____ _____ _____

DILHR 580-2652 (R-12/81)

(OVER)

DETAILED PLAN OR DRAWING					
COUNTY PERSONNEL AUTHORIZATION			Rule _____ being petitioned		
On-site inspection conducted (date) _____					
I, _____, indicate the information recorded on this request form is accurate and correct to the best of my knowledge and belief.					
VERIFICATION BY OWNER - PETITION IS VALID ONLY IF NOTARIZED. FOR INFORMATION CONTACT THE DEPARTMENT AT (608) 266-3815					
_____ being duly sworn, says he is petitioner herein, that he has read the foregoing petition and that the same is true, as he verily believes.					
Subscribed and sworn to me this _____ day of 19 _____,					
_____ County, Wisconsin.				Signature of owner,	
Notary Public: _____					
My commission expires: _____					
OFFICE USE ONLY					
DEPARTMENT ACTION					
SITE EVALUATIONS			SET-BACK OR EXPERIMENTAL		
Date Received	Amount Paid	Receipt No.	Date Received	Amount Paid	Receipt No.
Department Action			Department Action		
ADMINISTRATOR		Date	ADMINISTRATOR		Date

Petition for Modification of an Administrative Rule PLUMBING FEES _____	WISCONSIN DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS DIVISION OF SAFETY & BUILDINGS P.O. BOX 7969, MADISON, WI 53707	OFFICE USE ONLY
		Petition No. _____ E.No. _____ ID No. _____

Name of Owner	Building Occupancy or Use	Agent, Architect or Engineering Firm or Master Member
Company	Trade Name, If Any	
Street & No.	Building Location, Street E. No.	Street E. No.
City State & Zip	City County	City State & Zip
Phone	Plan Numbers (If Known)	Phone

WISCONSIN ADMINISTRATIVE RULE BEING PETITIONED

1. Rule _____ of the Wisconsin Administrative code cannot be entirely satisfied due to the following reasons:

2. In lieu of complying exactly with the rule, the following alternative is proposed as a means of providing an equivalent degree of safety or health:

3. Supporting arguments (If necessary, use back side of form to provide a detailed drawing.)

DILHR 55D-6699 (OVER)

DETAILED PLAN OR DRAWING

VERIFICATION BY OWNER - PETITION IS VALID ONLY IF NOTARIZED
FOR INFORMATION CONTACT THE DEPARTMENT AT (608) 266-3813

_____ being duly sworn, says he is petitioner herein, that he has read the foregoing petition and that the same is true, as he verily believes.

Signature of Owner _____
Subscribed and sworn to me this _____ day of 19____
_____ County, Wisconsin
Notary Public _____
My commission expires _____

OFFICE USE ONLY		
Date Received	Amount Paid	Receipt No.
Department Action		
Administrator	Date	