

APPENDIX

The material contained in this appendix is for clarification only. The notes, illustrations, forms, etc., are numbered to correspond to the number of the rule as it appears in the text of the chapter.

A12.16 - Petitions for Variance

The following forms (SB-8 and SB-8A) are referred to in this section. Copies of these forms are available from the Division of Safety and Buildings, P.O. Box 7969, Madison, Wisconsin 53707

PETITION FOR VARIANCE OF A RULE IN THE WISCONSIN ADMINISTRATIVE CODE		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-Number	
				E	
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	

Plan Number(s)
-IF KNOWN-

- Rule _____ of the Wisconsin Administrative code cannot be entirely satisfied because:

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

- Supporting arguments are:

VERIFICATION BY OWNER - PETITION IS VALID ONLY IF NOTARIZED
For Fee Information See Ind. 69.15 or Contact The Department at (608) 268-1935

_____, 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: _____
DLHR 558-A (7/83)

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

POSITION STATEMENT:
To be completed by
Chief of Fire Department
58.8-A (2-77)

WISCONSIN DEPARTMENT OF
INDUSTRY, LABOR AND HUMAN RELATIONS
DIVISION OF SAFETY & BUILDINGS
P.O. BOX 7989 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
City	State & Zip	County
		Phone

1. I have read the petition for variances of rules:

2. I recommend
(Check appropriate box)

Denial	Approval	Conditional Approval	No Comment*
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3. Explanation for Recommendation:

* If desired, Fire Departments may indicate "No Comment" on non-fire safety issues such as sanitary, energy conservation, structural, barrier free environments, etc.

4. I find no conflict with local rules and regulations
 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.