

APPENDIX

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

A 15.03 (2) Inspections. The following form (SB-2) is referred to in this section.

Department of Industry, Labor and Human Relations

Building

Inspection Report and Orders

587
REV. 10/76

INSPECTION DATE		OCCUPANCY INSPECTED		FILE NO. E-
OWNERS NAME			LOCATED AT (STREET ADDRESS)	
MAILING ADDRESS			CITY	
CITY	STATE	ZIP CODE	CITY	COUNTY

An inspection of the above occupancy discloses violations of orders of the Dept. of Industry, Labor & Human Relations promulgated under authority of Chapter 101 of the Revised Statutes of Wisconsin

SEE REVERSE SIDE FOR APPLICABLE WISCONSIN STATUTES Plan No. -

NOTE	ITEM	ORDER	REQUIREMENTS:	<input type="checkbox"/> Done	<input type="checkbox"/> Not Done

IMPORTANT

- Please report when orders are completed
- Avoid Delay
- Forfeiture for violations are \$10 to \$100 each day for each violation.
- Keep us informed.

"Failure of an employer reasonably to 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." Sec. 102.57 Wis. Stats.

COMPLIANCE DATE	VIOLATIONS EXPLAINED TO	TITLE
BY	DEPUTY	DEPUTY NO.

SAFETY & BUILDING DIVISION

Address all Correspondence Safety and Building Division, Department of Industry, Labor and Human Relations, P.O. Box 7969, Madison, Wisconsin 53707

WISCONSIN ADMINISTRATIVE CODE

ILHR 15

A 15.05 Petition 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	
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	

Print Number(s)
 IF KNOWN

1. Rule _____ 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. 69.15 or Contact The Department at (608) 266-1835

_____, 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 _____
 (Notary Public Seal)

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
SB 8 A (2-77)

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 variance of rule:				
2. I recommend (Check appropriate box)	Denial	Approval	Conditional Approval	No Comment*
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. <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.