

Chapter ILHR 12

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 (SBD-8 and SBD-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.

Wisconsin Department of Industry,
Labor and Human Relations

**PETITION FOR VARIANCE
APPLICATION**

Safety and Buildings Division
P.O. Box 7969
Madison, Wisconsin 53707
(608) 266-1542

Please type or print.

OFFICE USE ONLY	Amount Paid	Receipt Number	Petition No.	F-Number
Owner/Petitioner's Name	Building Or Project		Agent, Architect or Engineering Firm	
Company	Tenant's Name, If Any		Street Address	
Street Address	Location - Street Address		City, State, Zip Code	
City, State, Zip Code	City, County		Telephone Number ()	
Telephone Number	Plan Number, If Known		Contact Person's Name	

1. The rule being petitioned reads as follows (cite specific rule number and language; one rule per application):

2. The rule being petitioned cannot be entirely satisfied because:

3. The following alternative(s) and supporting information are proposed as a means of providing an equivalent degree of health, safety or welfare as addressed by the rule:

Note: Please attach any pictures, plans, sketches or required position statements.

VERIFICATION BY OWNER - PETITION IS VALID ONLY IF NOTARIZED WITH AFFIXED SEAL AND ACCOMPANIED BY REVIEW FEE
See Section 12.52 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
Petitioner's Name (type or print)
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:
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Wisconsin Department of Industry,
Labor and Human Relations

POSITION STATEMENT

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

Instructions: This form is to be completed by the fire department chief or designee and sent promptly to the address shown above. Please print or type all responses.

Owner's Name	Building Occupancy Or Facility Description	Agent, Architect or Engineering Firm
Company	Tenant's Name, if Any	Street Address
Street Address	Location - Street Address	City, State, Zip Code
City, State, Zip Code	City, County	Telephone Number ()
Telephone Number	Plan Number, if known	Contact Person's Name

- I have read the application for variance of rule ILHR _____.
- I recommend (check appropriate box): Approval Conditional Approval Denial No Comment *
- Explanation For Recommendation:

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

- I find no conflict with local rules and regulations.
 I find the petition is in conflict with local rules and regulations.

Explanation:

Fire Department Name And Address:	
Name Of Fire Chief Or Designee (type or print):	Telephone Number
Signature Of Fire Chief Or Designee:	Date Signed: