Chapter Comm 11

APPENDIX

The material contained in this appendix is for clarification purposes only. The material is numbered to correspond to the number of the rule in the text of this chapter.

A11.17 Petitions for Variance. The following form (SBD–8) is referred to in section Comm 11.17. Copies of this form are available from the Safety and Buildings Division, P.O. Box 7969, Madison, Wisconsin 53707.

Wisconsin Department of Industry,
Labor and Human Relations

Please type or print.

PETITION FOR VARIANCE APPLICATION

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

OFFICE USE ONLY	Amount Paid	Receipt Number	Petition No.	E-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 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

_____, 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:

SBD-8 (R. 09/92)