

CODE VARIANCE/EQUIVALENCY REQUEST

(Page 1 of 2)

Date: _____

SUBMITTED BY:

NAME: _____

PHONE: _____

ADDRESS: _____

FAX: _____

Request for variance/equivalency from the National Building Code, or the National Fire Code and/or referenced codes and standards adopted by the Fire Prevention Act/Regulations.

PROJECT: _____

LOCATION: _____

CODE

SUBJECT: _____

CODE

REFERENCE SECTION(s): _____

PLAN REVIEW NUMBER: _____

(if applicable)

(Continued on next page)

CODE VARIANCE/EQUIVALENCY REQUEST (cont'd)

PROBLEM: Reasons why the code requirement cannot be incorporated in the project.
(attach supporting documentation)

SOLUTION: Proposed equivalence to the code requirement.
(attach supporting documentation)

Signature of Applicant: _____ Date: _____

DISPOSITION:		
<input type="checkbox"/> FIRE MARSHAL	<input type="checkbox"/> FMAC	<input type="checkbox"/> PLAN REVIEW OFFICER
<input type="checkbox"/> APPROVED	<input type="checkbox"/> CONDITIONAL APPROVAL	<input type="checkbox"/> DENIED
<input type="checkbox"/> OTHER _____	_____	
Signature: _____	Date: _____	
<u>Comments:</u>		