

APPLICATION FOR A VARIATION

Date Received:	Permit #:	
Control #:	Date Revised:	
Date Issued:	Date Permit Issued:	

Work Site Location			Qualification Code
Work Site Location		Contractor	
		Address	
Owner in Fee			
Address		Tele. ()	
Tele. ()		License #	
FEE \$(Determined	l by Enforcing Agency)	Federal Emp. #	
APPLICANT STATEMENT			
Please state the requirements of the variation request):	subcode from which a v	variation is sought	. (Use separate application forms for each
How would compliance with said prov ties:	isions result in practical	difficulties? Expla	in the nature and extent of these difficul-
Please state an alternative to the sub	and a construction of the state		
	·	·	
DATE	·	·	nealth, safety and welfare of the occupants: APPLICANT
DATE DETERMINATION This appplication is to be reviewed wi	SI SI	IGNED	APPLICANT
DATE DETERMINATION <i>This appplication is to be reviewed wi</i> After reviewing the facts, we [] DENY	SI SI	IGNEDariation request, ir	

Construction Official