

## PETITION FOR BUILDING CODE VARIANCE

### INSTRUCTIONS

- Completion of this form is required by Wisconsin Administrative Code ch. SPS 303 to request a variance from a building code or for approval of alternative design, which is not in strict conformance with the letter of the code but meets the intent of the code. (This form is the equivalent to Department of Safety and Professional Services form SBD-9890X, *Application for Review, Petition for Variance*.)
- **A variance is not a waiver from a code requirement.** The petitioner must provide an equivalency which meets the intent of the code. Pictures, sketches, and plans may be submitted to support equivalency. If the proposed equivalency does not adequately safeguard the health, safety, and welfare of building occupants, frequenters, firefighters, etc., the variance will be denied. Failure to provide adequate information may delay the petition.
- A petition for variance does not take the place of a required plan review submittal.
- **NOTE:** A separate petition is required for each building and each code issue petitioned.
- If you have questions about completion of this form, call **608-266-8016**.

### ***Petition Checklist***

The Division is unable to process variance petitions that are not properly completed. Check the following items for completeness before submitting the petition:

- Petitioner's name (typed or printed)
- Petitioner's signature
- The *Petition for Building Code Variance* (DQA form F-62537) must be signed by the owner of the building or system unless a Power of Attorney is submitted.
- Notary Public signature with affixed seal
- Analysis to establish equivalency, including any pictures, illustrations, or sketches of the existing and proposed conditions to clearly convey your proposal to the reviewer
- Proper fee
- Any required position statements by fire chief or municipal official

### ***Position Statement***

Position statements must be completed and signed by the appropriate **fire chief or municipal enforcement official**. Signatures or seals on all documents must be **original**. Photocopies are not acceptable.

- *Fire Safety Issues:* A position statement from the local fire department is required.
- *Non-Fire Safety Issues:* A position statement is **not required** for non-fire safety issues such as plumbing and energy conservation.
- *Barrier-Free Petitions:* Position statements from both the local fire department and municipality are required.
- *Rules Related to One- and Two-Family Dwellings:* Only a position statement from the municipality is required.

### ***Standard and Priority Reviews***

A standard review will be scheduled and processed in approximately 30 working days. A priority review is scheduled and processed in approximately 10 working days and costs twice as much as a standard review.

### ***Payment of Fees***

Make check payable to the **Division of Quality Assurance**. Fees for review of the Petition for Building Code Variance are as follows:

	<b>Standard Review</b> <i>30 Working Days</i>	<b>Priority Review</b> <i>10 Working Days</i>	<b>Revision*</b>
Wis. Admin. Code chs. SPS 361-366, <i>Commercial Building Code</i>	\$550	\$1,100	\$100

\* Revisions are only accepted for one (1) year after action on the original petition.

Submit the (1) **notarized *Petition for Building Code Variance*** (F-62537), (2) a **check**, and (3) **supporting documentation** to:

**DHS / Division of Quality Assurance**  
**OPRI Plan Intake Coordinator**  
**819 N. 6<sup>th</sup> St., Room 609B**  
**Milwaukee, WI 53203-1606**

## PETITION FOR BUILDING CODE VARIANCE

<b>DQA USE ONLY</b>	Review Type <input type="checkbox"/> Standard (30 Day) <input type="checkbox"/> Priority (10 Day)	Date Submitted (mm/dd/yyyy)	Total Amount Submitted
	Check No.	Check Date (mm/dd/yyyy)	Check Author

**I. Facility Information**

Name – Facility or Building			Facility Lic. / Provider No.		
Address	Name – City, Village, or Township	<i>Check one.</i> <input type="checkbox"/> C <input type="checkbox"/> V <input type="checkbox"/> T	County	Zip Code	

**II. Owner Information**

Name – Owner		Name – Company			
Address		City		State	Zip Code
Name – Contact Person	Telephone No.	Fax No.		Email Address	

**III. Designer Information**

Name – Designer		Name – Designer Firm			
Address		City		State	Zip Code
Name – Contact Person	Telephone No.	Fax No.		Email Address	

**IV. Plan Review Status**


<input type="checkbox"/> DQA Plan Project No.:											
Plan Previously Reviewed By ( <i>Enclose a copy of the review letter.</i> )					Code Petitioned						
<input type="checkbox"/> State	<input type="checkbox"/> Municipality	<input type="checkbox"/> Approved	<input type="checkbox"/> Held	<input type="checkbox"/> Denied	<input type="checkbox"/> Building	<input type="checkbox"/> HVAC	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Electrical			
<input type="checkbox"/> Plan will be submitted after petition determination.					<input type="checkbox"/> Requesting revision			<input type="checkbox"/> Other – <i>Specify:</i>			

**For the following items, attach additional sheet(s).**

- Identify the code section and the specific condition or issue being petitioned for variance.
- Explain why compliance with the code cannot be attained without the variance.
- Explain the proposal to provide equivalent degree of health, safety, or welfare as addressed by the code section petitioned.
- List attachments to be considered (model code sections, test reports, research articles, expert opinion, previously approved variances, pictures, plans, etc.).

**V. Verification by Owner**

**Petition is valid only if notarized with affixed seal and accompanied by review fee.** Petitioner must be the owner of the building or system or credentialed applicant for a ch. SPS 305 petition. Tenants, agents, designers, contractors, attorneys, etc. shall not sign petition unless Power of Attorney is submitted with DQA form F-62537, *Petition for Building Code Variance*.

Name – Owner	Project Location	Project No.
I, _____, <i>Name – Owner or Power of Attorney (Print or type.)</i>  being duly sworn, state as petitioner that I have read the foregoing petition, believe it to be true, and have significant ownership rights to the subject building or project.		Subscribed and sworn to before me on the _____ day of _____, 20____ <span style="margin-left: 150px;"><i>Month</i></span> <span style="margin-left: 50px;"><i>Year</i></span>
	My commission expires _____. <span style="margin-left: 200px;"><i>Month / Day / Year</i></span>	
<b>SIGNATURE</b> – Owner or POA	Name – Notary ( <i>Print or type.</i> )	<b>SIGNATURE</b> – Notary

**VI. Fire Department Position Statement**

Complete the following for variances from Wis. Admin. Code chs. SPS 361-366 (Commercial Building Code) and other fire related requirements.

I have read the **Petition for Building Code Variance (F-62537)** and recommend the following. (Check appropriate box.)

Approval     Conditional Approval     Denial     No Comment

**Explanation for Recommendation** (Identify any conflicts with local rules and regulations and explain suggested conditions.)

Name – Fire Department		Notify of Petition Outcome <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	City	State	Zip Code
Name – Fire Chief or Designee (Print or type.)		Telephone No.	
<b>SIGNATURE</b> – Fire Chief or Designee		Date Signed	

**VII. Municipal Building Inspection Recommendation**

Complete the following for variances from Wis. Admin. Code chs. SPS 361-366 (Commercial Building Code). Submit a copy of any municipal orders.

I have read the **Petition for Building Code Variance (F-62537)** and recommend the following. (Check appropriate box.)

Approval     Conditional Approval     Denial     No Comment

**Explanation for Recommendation** (Identify any conflicts with local rules and regulations and explain suggested conditions.)

Name – Municipality Exercising Jurisdiction	Name – Municipal Official (Print or type.)	Telephone No.	
Address		State	Zip Code
<b>SIGNATURE</b> – Municipal Official		Date Signed	