

**Safety & Buildings Division
Bureau of Integrated Services**

Use his page for fax appointments (fax 877-840-9172)

Indicate date plans will be in S&B office _____

NOTE: Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.]

<p>1. Facility Information</p> <p>Facility (Building) Name: _____</p> <p>Number and Street _____ Zip: _____</p> <p>Commerce Site Number (if known): _____</p> <p>Legal Description: _____</p> <p>County of: _____</p> <p>() City () Village () Town of: _____</p>	<p style="text-align: center;">Complete for <u>confirmed</u> appointments*:</p> <p>Transaction ID: _____</p> <p>Previous Related Trans. ID: _____</p> <p>Assigned Reviewer: _____</p> <p>Assigned Office: _____</p> <p>Review Start Date*: _____</p> <p style="text-align: center;">*Submittal must be received in the office of the appointment no later than <u>2 working days</u> before the confirmed appointment.</p>
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2. Owner Information	Customer #	3. Designer Information	Customer #
Name		Designer	
Company Name		Design Firm	
Number and Street		Number and Street	
City, State, Zip Code		City, State, Zip Code	
Contact Person		Contact Person	
Telephone Number	Fax Number	Telephone Number	Fax Number

<p>4. Plan Review Status</p> <p><input type="checkbox"/> Plan submitted with petition</p> <p><input type="checkbox"/> Plan will be submitted after petition determination</p> <p><input type="checkbox"/> Requesting revision <input type="checkbox"/> Other: _____</p> <p>Commerce Transaction Number _____</p>	<p>Plan previously review by (please enclose a copy of review letter)</p> <p><input type="checkbox"/> State <input type="checkbox"/> Municipality <input type="checkbox"/> Approved <input type="checkbox"/> Held <input type="checkbox"/> Denied</p> <p>Code Being Petitioned <input type="checkbox"/> Commercial Building <input type="checkbox"/> HVAC <input type="checkbox"/> Plumbing</p> <p><input type="checkbox"/> Private Sewage System <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Electrical <input type="checkbox"/> Flammable Liquids</p> <p><input type="checkbox"/> Amusement Rides <input type="checkbox"/> Uniform Dwelling Code <input type="checkbox"/> Boilers <input type="checkbox"/> Elevators</p> <p><input type="checkbox"/> Gas Systems <input type="checkbox"/> Refrigeration <input type="checkbox"/> Rental Weatherization <input type="checkbox"/> Other: _____</p>
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5. State the code section being petitioned AND the specific condition or issue you are requesting be covered under this petition for variance.

6. Reason why compliance with the code cannot be attained without the variance (Attach additional sheets, if necessary)

7. State your proposed means and rationale of providing equivalent degree of health, safety, or welfare as addressed by the code section petitioned.

8. List attachments to be considered as part of the petitioner's statements (i.e., model code sections, test reports, research articles, expert opinion, previously approved variances, pictures, plans, sketches, etc.).

. VERIFICATION BY OWNER - PETITION IS VALID ONLY IF NOTARIZED WITH AFFIXED SEAL AND ACCOMPANIED BY REVIEW FEE
Note: Petitioner must be the owner of the building or system or credential applicant for a Comm 5 petition. 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 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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MAKE CHECKS PAYABLE TO DEPT. OF COMMERCE Complete other side for variance from Comm 20-25 and Comm 61-65	TOTAL AMOUNT DUE \$ _____ Attach check here.
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Owner's Name	Project Location	Plan Number
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Fire Department Position Statement

To be completed for fire or life-safety related variances requested from Comm 61-65, Comm 10, Comm 16, and other fire related requirements.

I have read the application for variance and recommend: (check appropriate box)

- Approval
 Conditional Approval
 Denial
 No Comment

Explanation for recommendation including any conflicts with local rules and regulations and suggested conditions:

Fire Department Name and Address

Name of Fire Chief or Designee (type or print)	Telephone Number
Signature of Fire Chief or Designee	Date Signed

MUNICIPAL BUILDING INSPECTION RECOMMENDATION

To be completed for variances requested from Comm 20-23. Also to be used for Comm 16 electrical petitions, if Comm 61-65 plan review is by municipality or orders are written on the building under construction; optional in other cases. Please submit a copy of the orders

I have read the application for variance and recommend: (check appropriate box)

- Approval
 Conditional Approval
 Denial
 No Comment

Explanation for recommendation including any conflicts with local rules and regulations and suggested conditions:

Municipality Exercising Jurisdiction

Name and Address of Municipal Official (type or print)	Telephone Number of Enforcement Official
Signature of Municipal Enforcement Official	Date Signed

PETITION FOR VARIANCE INFORMATION AND INSTRUCTIONS Comm 3

In instances where exact compliance with a particular code requirement cannot be met or alternative designs are desired, the Division has a petition for variance program where it reviews and considers acceptance of alternatives which are not in strict conformance with the letter of the code, but which meet the intent of the code. **A variance is not a waiver from a code requirement.** The petitioner must **provide an equivalency which meets the intent** of the code section petitioned to obtain a variance. Documentation of the rationale for the equivalency is requested below. Failure to provide adequate information may delay your petition. 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 request will be denied. NOTE: A SEPARATE PETITION IS REQUIRED FOR EACH BUILDING AND EACH CODE ISSUE PETITIONED (i.e., 57.13 window issue cannot be processed on the same petition as 51.16 stair issue). It should be noted that **a petition for variance does not take the place of any required plan review submittal.**

The Division is unable to process petitions for variance that are not properly completed. Before submitting the application, the following items should be checked for completeness in order to avoid delays:

- Petitioner's name (typed or printed)
- Petitioner's signature
- The Petition for Variance Application 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

A position statement from the chief of the local fire department is required for fire or life-safety issues. No fire department position statement is required for nonfire safety topics such as sanitary, plumbing or POWTS systems and energy conservation. Submit a municipal building inspection department position for Comm 16 electrical petitions, if Comm 61-65 plan review is by municipality or orders are written on the building under construction; optional in other cases. (Please submit a copy of the orders.) For rules relating to one- and two-family dwellings, only a position statement from the local enforcing municipality is required. Position statements must be completed and signed by the appropriate fire chief or municipal enforcement official. See the back of SBD-9890-X, Petition for Variance Application form for these position statement forms. Signatures or seals on all documents must be originals. Photocopies are not acceptable.

Contact numbers and fees for the Division's review of the petition for variance are as follows:

Chapter	(circle appropriate category)	Revenue Code	Review Office	Contact Number	Fee	Revision Fee
Comm 16, Electrical.....		7631.....	Madison, Waukesha.....	(608) 266-3064	.....\$300	.....\$100
Comm 18, Elevators		8260.....	Waukesha	(262) 521-5444	.....\$300	.....\$100
Comm, 20-25 Uniform Dwelling Code		7655.....	Madison.....	(608) 267-5113	.....\$175	.....\$50
Comm 34, Amusement Rides		8266.....	Madison.....	(608) 267-4434	.....\$300	.....\$100
Comm 40, Gas Systems		8258.....	Waukesha	(262) 548-8617	.....\$300	.....\$100
Comm, 41 Boilers and Pressure Vessels		8258.....	Waukesha	(262) 548-8617	.....\$300	.....\$100
Comm 43, Anhydrous Ammonia		8258.....	Waukesha	(262) 548-8617	.....\$300	.....\$100
Comm 45, Mechanical Refrigeration.....		8258.....	Waukesha	(262) 548-8617	.....\$300	.....\$100
Comm 60-66, Commercial Building Code		7648.....	All Offices See Office Numbers Below		.....\$550	.....\$100
(For Fire System Petition for Variances – Contact the Green Bay or Waukesha offices)						
Comm 67, Rental Unit Energy Efficiency Code		7646.....	Madison.....	(608) 267-2240	.....\$175	.....\$50
Comm 81-85, General Plumbing		7657.....	All Office See Office Numbers Below		.....\$300	.....\$75
Comm 90, Swimming Pools.....		7650	Madison.....	(608) 267-5265	.....\$300	.....\$75
Comm 83 POWTS.....		7657.....	All Offices See Office Numbers Below		.....\$300	.....\$75
All Other Chapters					\$300.....	\$100

Revisions are accepted only for 1 year after action on original petition.

Priority Review: The Department will schedule Petitions for Variance at the earliest available date, or the date requested at time of scheduling, which ever is later. Therefore, Priority Reviews are not generally available. In special circumstances, the Section Chief of the reviewing office may permit review prior to the scheduled date upon request by the submitter. If earlier review is permitted by the Section Chief, the Petition review fees will be doubled.

Except for special cases, the Division will review and make a determination on a petition for variance within 30 business days of the scheduled beginning date, provided all calculations, documents, and fees required for the review have been received.

Appointment and Scheduling Information

It is strongly recommended that an appointment be made in advance. **For your convenience we have installed a 24 hour, toll free number dedicated to receiving faxed plan review appointment requests. The dedicated fax number is 877-840-9172. Be sure to indicate whether you want the next available review statewide or prefer a choice of an office.** The petition review will be scheduled with the same office where the plan was/will be reviewed. You will receive a Schedule Letter back with an Appointment Date, Transaction ID No. and Assigned Reviewer. You may also email the request to PlanSchedule@commerce.state.wi.us. At the time of making an appointment, you may request review for a specific office of desired (beginning) date for review. Plans must be received in the office of the appointment no later than 2 working days before the confirmed appointment. Non-scheduled submittals or submittals received without a confirmed appointment date and transaction number on the form may be assigned to offices other than the receiving office depending on reviewer availability. **Certain petitions may be limited to certain offices depending on the petition issues, see above table for appropriate office.**

Madison S&BD	Hayward S&BD	LaCrosse S&BD.	Shawano S&BD	Green Bay S&BD	Waukesha S&BD
201 W Washington Ave 53703 PO Box 7162 Madison WI 53707-7162 608-266-3151 Fax: (for sending questions or additional info to reviewers) 608-267-9566 TTY: Contact Through Relay Email: PlanSchedule@commerce.state.wi.us	10541N Ranch Rd Hayward WI 54843 715-634-4870 Fax: (for sending questions to additional info to reviewers) 715-634-5150 Email: PlanSchedule@commerce.state.wi.us	3824 Creekside La Holmen WI 54636 608-785-9334 Fax: (for sending questions or additional info to reviewers) 608-785-9330 Email: PlanSchedule@commerce.state.wi.us	1340 E Green Bay Shawano WI 54166 715-524-3626 Fax: (for sending questions or additional info to reviewers) 608-283-7444 Email: PlanSchedule@commerce.state.wi.us	2331 San Luis Place Green Bay, WI 54304 920-492-5601 FAX: (for sending questions or additional info to reviewers) 920-492-5604 Email: PlanSchedule@commerce.state.wi.us	141 NW Barstow St 4 th Floor Waukesha WI 53188-3789 262-548-8600 Fax: (for sending questions or additional info to reviewers) 262-548-8614 Email: PlanSchedule@commerce.state.wi.us