APPLICATION FOR A VARIATION

IDENTIFICATION
Block ________________ Lot ________________ Qualification Code ____________________

Work Site Location ____________________________________________ Contractor ____________________
______________________________________________________________

Owner in Fee __________________________________________________
Address ________________________________________________________

Address ________________________________________________________
Tele. (___) ____________________________________________________

FEE $ ____________ *(Determined by Enforcing Agency) License # ____________________

APPLICANT STATEMENT

Please state the requirements of the subcode from which a variation is sought. (Use separate application forms for each variation request):

How would compliance with said provisions result in practical difficulties? Explain the nature and extent of these difficulties:

Please state an alternative to the subcode requirement that will still protect the health, safety and welfare of the occupants:

DATE ______________________________ SIGNED_________________________________________

APPLICANT

DETERMINATION

This application is to be reviewed within 20 business days.

After reviewing the facts, we [ ] DENY [ ] GRANT the above variation request, in accordance with N.J.A.C. 5:23-2.9 through 2.13, for the following reasons:

_________________________ ____________________________ ____________________________
Date Building Subcode Official Plumbing Subcode Official

_________________________
Elevator Subcode Official

_________________________
Electrical Subcode Official

_________________________
Construction Official

_________________________
Fire Subcode Official