

Chapter ILHR 3

APPENDIX A

The material contained in this Appendix is for information and clarification purposes only.

available from the Division of Safety and Buildings, P.O. Box 7969, Madison, Wisconsin 53707.

The following forms (SBD-9890 and SB-8-B) are referred to in s. ILHR 3.03. Copies of these forms are

Wisconsin Department of Industry,
Labor and Human Relations

Safety and Buildings Division
201 E. Washington Ave.
P.O. Box 7969
Madison, WI 53707
Telephone: (608) 266-3151

Petition For Variance Information & Instructions - ILHR 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 occupants, frequenters, firefighters, etc., the variance will be denied. **NOTE: A SEPARATE PETITION IS REQUIRED FOR EACH BUILDING AND EACH CODE ISSUE PETITIONED (i.e., a window size issue cannot be processed on the same petition as a stair width 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 project 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 safety issues. **No position statement is required for nonfire topics such as sanitary, energy conservation and barrier free environments.** 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 official. See the back of SBD-9890, 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 petition for variance program are as follows:

Chapters ILHR 20-25, Uniform Dwelling Code	(608) 267-5113	\$125.00
Chapters ILHR 67-68, Rental Unit Energy Efficiency Code	(608) 266-1930	\$125.00
Chapters ILHR 50-64, Commercial Building Code	(608) 267-9152	\$490.00
<ul style="list-style-type: none"> • The cities of Milwaukee and Madison may process petitions for variances from chapters ILHR 50 through 64 requirements on projects in their jurisdiction. 		
Chapter ILHR 70, Historic Building Code (608) 266-7849	(608) 266-7849	\$300.00
All other chapters		\$200.00
Boilers and Pressure Vessels	(608) 266-7548	
Electrical	(608) 266-5649	
Elevators	(608) 267-9606	
Flammable Liquids	(608) 266-1542	

Priority Review: Does not apply to Uniform Dwelling Code or Historic Building Code issues which already are treated as a priority. Double Above Amounts

Except for special cases, the Division will review and make a determination on a petition for variance within 30 business days of receipt of all calculations, documents, and fees required for the review. Uniform Dwelling Code petitions will be processed within 5 business days. Priority petitions will be processed within 10 business days.

Petitions for variance shall be submitted to:

DILHR Safety and Buildings
 201 East Washington Avenue
 P.O. Box 7969
 Madison, Wisconsin 53707

General Plumbing or Private Sewage petitions must be submitted on a different form. For information or to acquire the form call the Madison office, (608) 266-3815, or any of the other full-service offices identified below.

Hayward Office 209 W. First St. Hwy 63 Route 8 Box 8072 Hayward WI 54843 Telephone: (715) 634-4870 Fax: (715) 634-5150	La Crosse Office 2226 Rose St. La Crosse WI 54603 Telephone: (608) 785-9334 Fax: (608) 785-9330	Shawano Office 1053A E. Green Bay St. P.O. Box 434 Shawano WI 54166 Telephone: (715) 524-3626 Fax: (715) 524-3633	Waukesha Office 401 Pilot Ct., Suite C Waukesha WI 53188 Telephone: (414) 548-8606 Fax: (414) 548-8614
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Wisconsin Department of Industry,
Labor and Human Relations

Safety & Buildings Division
201 E. Washington Ave.
P.O. Box 7969
Madison, WI 53707
Telephone: (608) 266-3151

Dept. Use Only
Plan No. _____
Amount Paid _____

Petition For Variance Application

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PLEASE TYPE OR PRINT CLEARLY - The information you provide may be used by other government agency programs (Privacy Law, s. 19.04(1)(m)).

1. Owner Information		2. Project Information		3. Designer Information	
Name		Building Occupancy Chapter(s) and Use		Designer	Registration #
Company Name		Tenant Name (if any)		Design Firm	
Number and Street		Project Location (number and street)		Number and Street	
City, State and Zip Code		<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township of		City, State and Zip Code	
Contact Person		County of		Contact Person	
Telephone Number ()	Fax Number ()	Prop. ID # (tax parcel # - contact county)		Telephone Number ()	Fax Number ()

4. Plan Review Status

Review By: State Municipality

Plan Number _____

<input type="checkbox"/> On hold	<input type="checkbox"/> Already built
<input type="checkbox"/> Preliminary design	<input type="checkbox"/> Built according to older code but must be brought into compliance with current code
<input type="checkbox"/> Approved, requesting revision	<input type="checkbox"/> Plan will be submitted after petition determination
<input type="checkbox"/> Submitted with petition	<input type="checkbox"/> Other

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. _____

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 (See Section ILHR 2.52 for complete fee information)

Note: Petitioner must be the owner of the building or project. 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 Name (type or print)	Petitioner's Signature	Subscribed and sworn to before me this date	Notary Public	My commission expires on
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Complete Other Side

SBD-9890 (R 05/94)

Owner's Name	Project Location	Plan Number
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Fire Department Position Statement

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To be completed for variances requested from ILHR 50-64, ILHR 10, and other fire related requirements

I have read the petition 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	
Fire Chief or Designee Name (type or print)	Telephone Number
Fire Chief or Designee Signature	Date Signed

Municipal Building Inspection Recommendation

To be completed for variances requested from ILHR 20-23, also to be used if ILHR 50-64 plan review is by municipality or orders are written on the building under construction; optional in other cases.

I have read the petition 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	
Municipal Official's Name and Address (type or print)	Telephone Number
Municipal Enforcement Official's Signature	Date Signed

Wisconsin Department of Industry, Labor and Human Relations
 DIVISION OF SAFETY & BUILDINGS
 P.O. Box 7969, Madison, WI. 53707

POSITION STATEMENT
 To Be Completed By:
 Dept. of H&SS
 Division of Health
 SB-8-B (R. 10/84)

Name of Owner of Building		Title			
Street		City	State	Zip	Phone No.
Building Identification		Street & No. (Bldg Location)		City & County	
Architect or Engineer		Street & No.		City & State	
1. I have read the Petition for Modification of Rule: IND.					
2. I recommend (check appropriate box)		Denial	Approval	Conditional Approval	No Comment
3. Our files or inspection indicate that this building is <input type="checkbox"/> fire-resistive-type 1 or 2 (see Ind. 51.03(1) or (2). is not <input type="checkbox"/>					
4. Explanation for Recommendation: NOTE - If the answer to item 3 is NO, and your recommendation is approval, an explanation is required.					
5. <input type="checkbox"/> I find no conflict with H & SS Rules and Regulations <input type="checkbox"/> I find that the petition is in conflict with H & SS Rules and Regulations as set forth below EXPLANATION:					
Signature and Title					Date

Please complete and submit PROMPTLY to
 DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS
 at the address shown above.