

APPLICATION FOR A VARIATION

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

IDENTIFICATION Block	Lot	(Qualification Code
Work Site Location		Contractor	
		Address	
Owner in Fee			
Address		Tele	
Tele		License #	
FEE \$ (Determined	by Enforcing Agency)	Federal Emp. #_	
APPLICANT STATEMENT			
Please state the requirements of the svariation request):	subcode from which a v	rariation is sought.	(Use separate application forms for each
How would compliance with said provisties:	sions result in practical	difficulties? Explair	n the nature and extent of these difficul-
Please state an alternative to the subc	ode requirement that w	ill still protect the he	alth, safety and welfare of the occupants:
DATE	SI	GNED	
DETERMINATION This appplication is to be reviewed with After reviewing the facts, we [] DENY 2.13, for the following reasons:		ariation request, in a	APPLICANT accordance with <i>N.J.A.C.</i> 5:23-2.9 through
Date	Building Subcod	e Official	Plumbing Subcode Official
Elevator Subcode Official	Electrical Subcod	e Official	Fire Subcode Official

Construction Official