

Application for Review, Petition for Variance

-Complete all pages-

Use this page for fax appointments (fax 877-840-9172) **Industry Services Division** or email to: dspssbplanschedule@wi.gov NOTE: Personal information you provide may be used for

secondary purposes [Privacy Law s. 15.04(1) (m), Stats	s.] Indicate	date plans will be in Industry S	Services office _	
1. Facility Information		Complete for confi	irmed appo	ointments*:
Facility (Building) Name:	Tra	nsaction ID:		
Number and Street		vious Related Trans. ID:		
SPS Site Number (if known):		signed Reviewer:		
Legal Description:		signed Office:		
•		view Start Date*:		
County of:		Ibmittal must be received in the	office of the one	acintment no leter than
☐ City ☐ Village ☐ To		working days before the confirm		
2. Owner Information Customer #	3. D	esigner Information	Customer #	
Name	Des	igner		
Company Name	Des	ign Firm		
Number and Street	Nur	nber and Street		
City, State, Zip Code	City	, State, Zip Code		
Contact Person	Cor	tact Person		
Telephone Number Fax Number	Tele	ephone Number	Fax Number	
Plan submitted with petition Plan will be submitted after petition determination Requesting revision Other: SPS Transaction Number 5. State the code section being petitioned AND the spece 6. Reason why compliance with the code cannot be attaged. 7. State your proposed means and rationale of providing	Code Bein Private S Amusem Gas Syst	e (Attach additional sheets, if nece	illding HVAC DI Electrical _ de Boilers eatherization r this petition for the person of the per	Flammable Liquids _ Elevators Other: variance.
8. List attachments to be considered as part of the p opinion, previously approved variances, pictures,	plans, sketches, etc.).			articles, expert
Note: Petitioner must be the owner of the building or synattorneys, etc., shall not sign petition unless Pow	stem or credential applic ver of Attorney is submitt , being duly sworn, I st	ant for a SPS 305 petition. Tenant ed with the Petition for Variance Ap- ate as petitioner that I have read the	ts, agents, desigr pplication. ne foregoing petit	tion and I believe
Petitioner's Name (type or print)		nave significant ownership rights to	the subject build	
Petitioner's Signature	Subscribed and sworn to before me this date	Notary Public		My commission expires on
Make Checks Payable to: State of WI – DSPS or	Invoice Designer, who wil	l be personally responsible for paymen	nt. Total	Amount Due
	igner:		\$	
·		Signature	Attach check here.	
Complete other side for variance from SPS 320-325			Dia - A	Number
Owner's Name	Project Location		Pian N	Number

Page 2 of				
To be completed for fire	•			nt -366, SPS 316, and other fire- related
I have read the application ☐ Approval	n for variance and recommend ☐ Conditional Approval	l: (check appro □ Dei	•	x) □ No Comment
Explanation for recommend	ation including any conflicts with	local rules and	d regulation	ons and suggested conditions:
Fire Department Name and Addr	ess			
Name of Fire Chief or Designee (type or print)			Telephone Number
Signature of Fire Chief or Design	ee			Date Signed
366 plan review is by n		3. Also to be upon the building copy of the order	used for S gunder co ders.	SPS 316 electrical petitions, if SPS 361- onstruction; optional in other cases.
☐ Approval	☐ Conditional Approval	. (спеск аррго □ Dei		□ No Comment
Explanation for recommend	ation including any conflicts with	local rules and	d regulation	ons and suggested conditions:
Municipality Exercising Jur	isdiction			
Name and Address of Mur	nicipal Official (type or print)		Telepho	one Number of Enforcement Official
Signature of Municipal Enf	orcement Official		Date Sig	gned

Petition for Variance Information and Instructions SPS 303

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 process in which 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 required. Failure to provide adequate information may delay a decision on the 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., window issue cannot be processed on the same petition as 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 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 topics such as plumbing, private onsite sewage systems, or energy conservation. Submit a municipal building inspection department position for SPS 316 electrical petitions, or if SPS 361-366 commercial building plan review is by the municipality or orders are written on the building under construction. (Submit a copy of the orders.) For rules relating to one- and two-family dwellings, only a position statement is required only if the local municipality is the enforcing body. Position statements must be completed and signed by the appropriate fire chief or municipal enforcement official. 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
SPS 316, Electrical		7631	Waukesha	(262)548-8606	\$300	\$100
SPS 318, Elevators		8260	Waukesha	(262) 521-5444	\$300	\$100
SPS 320-325 Uniform Dwe	lling Code	7655	Madison	(608) 267-5113	\$175	\$50
SPS 334, Amusement Ride	s	8266	Madison	(608) 267-4434	\$300	\$100
SPS 340, Gas Systems		8258	Waukesha	(262) 548-8617	\$300	\$100
SPS 341 Boilers and Press	ure Vessels	8258	Waukesha	(262) 548-8617	\$300	\$100
	onia				\$300	\$100
SPS 345, Mechanical Refri	geration	8258	Waukesha	(262) 548-8617	\$300	\$100
SPS 360-366, Commercial	Building Code	7648	All Offices	See Numbers Below	\$550	\$100
(For fire system Petition:	s for Variance – Contact the Greer	Bay or Wauke	esha offices)			
SPS 367, Rental Unit Energ	gy Efficiency Code	7646	Madison	(608) 267-2240	\$175	\$50
	mbing				\$300	\$75
SPS 390, Swimming Pools.		7650	Madison	(608) 267-5265	\$300	\$75
SPS 383 POWTS		7657	All Offices	See Numbers Below	\$300	\$75
All Other Chapters					\$300	\$100

^{*}Revisions are accepted only for one 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, whichever 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, Industry Services 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 by fax. Industry Services has a 24-hour, toll free number dedicated to receiving faxed plan review appointment requests. The dedicated fax number is 877-840-9172. The petition review will be scheduled with the same office where the plan was/will be reviewed. The submitter will receive a letter back with an appointment date, transaction ID number, and the name of the assigned reviewer. The petition and accompanying documents <u>must be received</u> in the office of the appointment no later than two working days before the confirmed appointment. Unscheduled submittals or submittals received without a confirmed appointment date and transaction number may be assigned to offices other than the receiving office depending on reviewer availability. Some petitions may be limited to specific offices depending on the petition issues, see above table for appropriate offices.

Madison - Industry Services	Hayward - Industry	La Crosse Area –	Green Bay - Industry	Waukesha – Industry
1400 E Washington Ave	Services	Industry Services	Services	Services
Madison, WI 53703	10541N Ranch Rd	3824 Creekside La	2331 San Luis Place	141 NW Barstow St 4 th Floor
	Hayward WI 54843	Holmen WI 54636	Green Bay, W I 54304	Waukesha WI 53188-3789
PO Box 7162	,		3 .	
Madison WI 53707-7162	715-634-4870	608-785-9334	920-492-5601	262-548-8600
608-266-3151	Fax: (for sending	Fax: (for sending questions	Fax: (for sending	Fax: (for sending questions or
	questions or additional	or additional info to	questions or additional info	additional info to reviewers)
Fax: (for sending questions or	info to reviewers)	reviewers)	to reviewers)	262-548-8614
additional info to reviewers)	715-634-5150	608-785-9330	920-492-5604	
608-267-9566		000 100 0000	020 .02 000 .	Email: DspsSbPlanSchedule
000 201 0000	Email:	Email:	Email: DspsSbPlanSchedule	•
TTY: Contact Through Relay	DspsSbPlanSchedule	DspsSbPlanSchedule	@wi.gov	₩I.gov
1111. Contact Throught Kelay	@wi.gov	@wi.gov	₩I.gov	
Email: Dana Ch Dlan Cahadula	₩I.gov	₩I.gov		
Email:DspsSbPlanSchedule				
@wi.gov				