

BOILER/PRESSURE VESSEL VARIANCE REQUEST

This form must be filled out entirely; all available information must be provided. Incomplete requests will not be processed.

Requesting Organization Name and Address:		Date:	
Facility Owner Name:		Correspondence Mailing Address:	
Facility Owner Contact Name and Title:			
Facility Owner Contact Phone:			
<p>R616-2-6. A. <i>In a case where the Division finds that the enforcement of any code would not materially increase the safety of employees or general public, and would work undue hardships on the owner or user, the Division may allow the owner or user a variance pursuant to Section 34A-7-102. Variances must be in writing to be effective, and can be revoked after reasonable notice is given in writing.</i></p> <p>Code Requirements:</p> <p><input type="checkbox"/> Continuation Sheet Attached</p>			
<p>R616-2-6. B. <i>Persons who apply for a variance to a safety code requirement must present the Division with the rationale as to how their boiler or pressure vessel installation provides safety equivalent to the safety code.</i></p> <p>Description of Variance Requested:</p> <p><input type="checkbox"/> Supporting Documentation or Continuation Sheet Attached</p>			
By signing this document, I agree that all of the information contained herein is true and complete, to the best of my knowledge; and that I understand the process by which this variance may or may not be approved.			
<input type="checkbox"/> Requestor	Print Name	Signature	Date
<input type="checkbox"/> Facility Owner	Print Name	Signature	Date
Reviewer	Recommendation	Signature	Date
<input type="checkbox"/> Boiler Inspector	<input type="checkbox"/> Approve <input type="checkbox"/> Approve w/ modifications* <input type="checkbox"/> Disapprove		
<input type="checkbox"/> Deputy Director	<input type="checkbox"/> Approve <input type="checkbox"/> Approve w/ modifications* <input type="checkbox"/> Disapprove		
* Attach Continuation Sheet to describe modifications			
Final Disposition	<input type="checkbox"/> Approve <input type="checkbox"/> Approve w/ modifications <input type="checkbox"/> Disapprove		

Division Director Signature

Date

VARIANCE REQUEST SUPPLEMENTAL INFORMATION

Location:		
Contact Name and Title:	Address:	Phone:
Architect:		
Contact Name and Title:	Address:	Phone:
Engineering Firm:		
Contact Name and Title:	Address:	Phone:
Installation Contractor:		
Contact Name and Title:	Address:	Phone:
Building Inspector:		
Contact Name and Title:	Address:	Phone:
Project Information:		
Design Completion Date:	Plan Review Conducted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Installation Completion Date:

Comments:
