

ELEVATOR/ESCALATOR 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>R616-3-5. 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/user, the Division may allow the owner/user a variance. 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> <input type="checkbox"/> Continuation Sheet Attached			
<p>R616-3-5. B. <i>Persons who apply for a variance to a safety code requirement must present the Division with the rationale as to how their elevator installation provides safety equivalent to the applicable safety code.</i></p> <p>Description of Variance Requested:</p> <input type="checkbox"/> Supporting Documentation or Continuation Sheet Attached			
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"/> Elevator 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

