



MUNICIPALITY _____



APPLICATION FOR A VARIATION

Date Received _____ Control # _____
Date Issued _____ Permit # _____
Date Revised _____ Date Permit Issued _____

IDENTIFICATION Block _____ Lot _____
Work Site Location _____ Contractor _____
Address _____
Owner in Fee _____
Address _____ Tele. (____) _____
Tele. (____) _____ Lic. No. _____
Federal Emp. No. _____
or Social Security No. _____
FEE \$ _____ (Determined by Enforcing Agency)

APPLICANT STATEMENT

Please state the requirements of the subcode from which a variation is sought. (Use separate application forms for each variation request):

How would compliance with said provisions result in practical difficulties? Explain the nature and extent of these difficulties.:

Please state an alternative to the subcode requirement that will still protect the health, safety and welfare of the occupants.:

DATE _____ SIGNED _____
APPLICANT

DETERMINATION

This application is to be reviewed within 20 business days.

After reviewing the facts, we [] DENY [] GRANT the above variation request, in accordance with N.J.A.C. 5:23-2.9 through 2.13, for the following reasons:

Date _____
Building Subcode Official _____ Plumbing Subcode Official _____
Elevator Subcode Official _____ Electrical Subcode Official _____ Fire Subcode Official _____
Construction Official _____