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. (____) _____
Lic. No. _____
Tele. (____) _____ 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

U.C.C. Form F-160B