



Application for Review, Petition for Variance

-Complete all pages-

Industry Services Division

Use this page for fax appointments (fax 877-840-9172)

NOTE: Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1) (m), Stats.]

or email to: dspssbplanschedule@wi.gov

Indicate date plans will be in Industry Services office _____

I wish to submit plans via SharePoint. SharePoint UserName: _____

<p>1. Facility Information</p> <p>Facility (Building) Name: _____</p> <p>Number and Street _____ Zip: _____</p> <p>SPS Site Number (if known): _____</p> <p>Legal Description: _____</p> <p>County of: _____</p> <p><input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: _____</p>	<p align="center">Complete for <u>confirmed</u> appointments*:</p> <p>Transaction ID: _____</p> <p>Previous Related Trans. ID: _____</p> <p>Assigned Reviewer: _____</p> <p>Assigned Office: _____</p> <p>Review Start Date*: _____</p> <p>*Submittal must be received in the office of the appointment no later than <u>two working days</u> before the confirmed appointment.</p>
<p>2. Owner Information Customer # _____</p> <p>Name: _____</p> <p>Company Name: _____</p> <p>Number and Street: _____</p> <p>City, State, Zip Code: _____</p> <p>Contact Person: _____</p> <p>Telephone Number: _____ Email Address: _____</p>	<p>3. Designer Information Customer # _____</p> <p>Designer: _____</p> <p>Design Firm: _____</p> <p>Number and Street: _____</p> <p>City, State, Zip Code: _____</p> <p>Contact Person: _____</p> <p>Telephone Number: _____ Email Address: _____</p>
<p>4. Plan Review Status</p> <p><input type="checkbox"/> Plan submitted with petition</p> <p><input type="checkbox"/> Plan review not required</p> <p><input type="checkbox"/> Plan will be submitted after petition determination</p> <p><input type="checkbox"/> Requesting revision <input type="checkbox"/> Other</p> <p>SPS Transaction Number _____</p>	<p>Plan previously review by (please enclose a copy of review letter)</p> <p><input type="checkbox"/> State <input type="checkbox"/> Municipality <input type="checkbox"/> Approved <input type="checkbox"/> Held <input type="checkbox"/> Denied</p> <p>Code Being Petitioned: <input type="checkbox"/> Commercial Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Plumbing</p> <p><input type="checkbox"/> Private Sewage System <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Electrical <input type="checkbox"/> Boilers</p> <p><input type="checkbox"/> Amusement Rides <input type="checkbox"/> Uniform Dwelling Code</p> <p><input type="checkbox"/> Elevators <input type="checkbox"/> Gas Systems <input type="checkbox"/> Refrigeration <input type="checkbox"/> Camping Unit</p> <p><input type="checkbox"/> Other</p>

5. State the code section being petitioned AND the specific condition or issue you are requesting be covered under this petition for variance.

6. Reason why compliance with the code cannot be attained without the variance (Attach additional sheets, if necessary)

7. State your proposed means and rationale of providing equivalent degree of health, safety, or welfare as addressed by the code section petitioned.

8. List attachments to be considered as part of the petitioner's statements (i.e., model code sections, test reports, research articles, expert opinion, previously approved variances, pictures, plans, sketches, etc.).

Verification by Owner - Petition is Valid Only if Notarized with Affixed Seal and Accompanied by Review Fee

Note: Petitioner must be the owner of the building or system or credential applicant for a SPS 305 petition. Tenants, agents, designers, contractors, attorneys, etc., shall not sign petition unless Power of Attorney is submitted with the Petition for Variance Application.

_____, being duly sworn, I state as petitioner that I have read the foregoing petition and I believe
Petitioner's Name (type or print) it is true and that I have significant ownership rights to the subject building or project.

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 <input type="checkbox"/> Invoice Designer, who will be personally responsible for payment. Designer: _____ Signature			Total Amount Due \$ _____ Attach check here.
Complete other side for variance from SPS 320-325, SPS 327 and SPS 361-366			
Owner's Name	Project Location	Plan Number	

Fire Department Position Statement

To be completed for fire or life-safety related variances requested from SPS 361-366, SPS 316, SPS 327, and other fire- related requirements.

I have read the application for variance and recommend: (check appropriate box)

- Approval
 Conditional Approval
 Denial
 No Comment

Explanation for recommendation including any conflicts with local rules and regulations and suggested conditions:

Fire Department Name and Address	
Name of Fire Chief or Designee (type or print)	Telephone Number
Signature of Fire Chief or Designee	Date Signed

Local Government Inspection Recommendation

To be completed for variances requested from SPS 316, SPS 320-323, SPS 327 and SPS 383. For SPS 361-366, complete if plan review is by municipality or orders are written on the building under construction; optional in other cases.
Please submit a copy of the orders.

I have read the application for variance and recommend: (check appropriate box)

- Approval
 Conditional Approval
 Denial
 No Comment

Explanation for recommendation including any conflicts with local rules and regulations and suggested conditions:

Local Government Exercising Jurisdiction	
Name and Address of Jurisdiction Official (type or print)	Telephone Number of Enforcement Official
Signature of Local Government Enforcement Official	Date Signed

Public Health/Life Safety DATCP Position Statement

To be completed for public health and life-safety related variances requested from SPS 382, SPS 384 and SPS 390, and other public swimming pools related requirements.

I have read the application for variance and recommend: (check appropriate box)

- Approval
 Conditional Approval
 Denial
 No Comment

Explanation for recommendation including any conflicts with local rules and regulations and suggested conditions:

-
- Department of Agriculture, Trade & Consumer Protection (DATCP)
 - Department of Health Services (DHS)
 - Department of Natural Resources (DNR)
 - Other:

Name of DATCP Designee (type or print)	Telephone Number
Signature of DATCP Designee	Date Signed

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, a position statement is required only if the local municipality is the enforcing body. A position statement from the county sanitary permit issuing agent is required for petitions to SPS 383. A position statement from the Department of Agriculture, Trade and Consumer Protection (DATCP) is required for life-safety issues for public swimming pools requested from SPS 390. Position statements must be completed and signed by the appropriate fire chief, local government enforcement official or DATCP designee. 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.....		4731000	Waukesha.....	(608) 261-0342	.....\$300.....	\$100
SPS 318, Elevators		5250000	Waukesha.....	(262) 521-5444	.....\$300.....	\$100
SPS 327 Camping Units		4733000	Madison	(608) 261-0342.....	.....\$175.....	\$ 50
SPS 320-325 Uniform Dwelling Code.....		4731000	Madison	(608) 261-0342	.....\$175.....	\$ 50
SPS 334, Amusement Rides		5250000	Madison	(608) 267-4434	.....\$300.....	\$100
SPS 340, Gas Systems		5250000	Waukesha.....	(262) 548-8617	.....\$300.....	\$100
SPS 341, Boilers and Pressure Vessels		5250000	Waukesha.....	(262) 548-8617	.....\$300.....	\$100
SPS 343, Anhydrous Ammonia		5250000	Waukesha.....	(262) 548-8617	.....\$300.....	\$100
SPS 345, Mechanical Refrigeration		5250000	Waukesha.....	(262) 548-8617	.....\$300.....	\$100
SPS 360-366, Commercial Building Code		4733000	All Offices	See Numbers Below	.....\$550.....	\$100
(For fire system Petitions for Variance – Contact (608) 261-0342						
SPS 381-387, General Plumbing.....		4733000	All Offices	See Numbers Below	.....\$300.....	\$ 75
SPS 390, Swimming Pools.....		4733000	Madison	(715) 634-5124.....	.....\$300.....	\$ 75
SPS 383 POWTS.....		4733000	All Offices	(920) 492-5605	.....\$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 must be received 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. Appointments are not available for petitions to SPS 383 – they are reviewed in order received.

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