



Building Standards and Codes

New York State
Department of State
Division of Building Standards
and Codes
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Application for Variance or Appeal

USE THIS FORM TO APPLY FOR A VARIANCE FROM SPECIFIC REQUIREMENTS OF THE NY STATE UNIFORM FIRE PREVENTION AND BUILDING CODE, OR TO APPEAL A LOCAL DETERMINATION OF SAME. FILING INITIATES A LEGAL PROCESS REGULATED BY 19 NYCRR 1205.

All fields marked with * must be completed in order for this form to be submitted.

All Completed Applications must:

- Be mailed/e-mailed to the appropriate Regional Office, not Albany Central Office
- Be signed. Unsigned applications will be returned
- Include any additional plans or documentation needed to support your request (checklist enclosed)
- Include (2) copies of the application and any additional documentation.

PETITION NO:
ROUTINE VARIANCE <input type="checkbox"/>
BOARD VARIANCE <input type="checkbox"/>
BOARD APPEAL <input type="checkbox"/>
(FOR OFFICE USE ONLY)

PART 1 – GENERAL INFORMATION

PART 2 – ADDITIONAL REQUIRED CONTACT INFORMATION

PART 3 – MINIMUM BUILDING INFORMATION

PART 4 – APPLICABLE BUILDING CODE RELIEF REQUESTED

PART 5 – SUBJECT OF THE PETITION

PART 6 – DOCUMENTS

PART 7 – FILING AND SIGNATURE

PART 1 - GENERAL INFORMATION

PETITIONER Name: * _____
(Check one) Owner Agent Architect or Engineer Attorney Other (specify)

Company Name / Title: * _____

Mailing Address (number and street, city, state, zip code): * _____

Telephone: * _____ Email Address: * _____

PROPERTY City Town Village of _____ County of _____

Street Address: * _____ Tax Map No.: _____

Property Name: (if applicable) _____

<u>OWNER (if other than Petitioner) *</u>	<u>CODE ENFORCEMENT OFFICIAL *</u>
Name: _____	Name: _____
Street Address: _____	Street Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Telephone: () _____	Telephone: () _____
Email: _____	Email: _____

Application for Variance or Appeal

PART 2 – ADDITIONAL CONTACT INFORMATION *(attach additional pages as necessary)*

<u>ARCHITECT OR ENGINEER</u> Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Telephone: (_____) _____ Email: _____	<u>FIRE MARSHAL OR INSPECTOR</u> Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Telephone: (_____) _____ Email: _____
<u>FIRE DEPARTMENT CONTACT PERSON</u> Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Telephone: (_____) _____ Email: _____	<u>OTHER INTERESTED PERSON OR ORGANIZATION</u> Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Telephone: (_____) _____ Email: _____

PART 3 – MINIMUM BUILDING INFORMATION*

Occupancy Classification: *(check all that apply for mixed use buildings)*

- | | | | | | |
|---------------|----------------------------------------------|------------------------------|------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------|
| Assembly | <input type="checkbox"/> A-1 | <input type="checkbox"/> A-2 | <input type="checkbox"/> A-3 | <input type="checkbox"/> A-4 | <input type="checkbox"/> A-5 |
| Business | <input type="checkbox"/> B | | | | |
| Educational | <input type="checkbox"/> E | | | | |
| Factory | <input type="checkbox"/> F-1 Moderate Hazard | | | <input type="checkbox"/> F-2 Low Hazard | |
| Hazardous | <input type="checkbox"/> H-1 | <input type="checkbox"/> H-2 | <input type="checkbox"/> H-3 | <input type="checkbox"/> H-4 | <input type="checkbox"/> H-5 |
| Institutional | <input type="checkbox"/> I-1 | <input type="checkbox"/> I-2 | <input type="checkbox"/> I-3 | <input type="checkbox"/> I-4 | |
| Mercantile | <input type="checkbox"/> M | | | | |
| Residential | <input type="checkbox"/> R-1 | <input type="checkbox"/> R-2 | <input type="checkbox"/> R-3 | <input type="checkbox"/> R-4 | <input type="checkbox"/> One or Two-Family Dwelling <input type="checkbox"/> Townhouse |
| Storage | <input type="checkbox"/> S-1 Moderate Hazard | | | <input type="checkbox"/> S-2 Low Hazard | |
| Utility | <input type="checkbox"/> U | | | | |
| Other | <input type="checkbox"/> (specify): _____ | | | | |

Construction type: (If more than one is applicable, specify where each occurs in the building.
Consult the building code or your local Code Enforcement Official for assistance)

- | | |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> <u>Type IA - Fire resistive</u> | <input type="checkbox"/> <u>Type IIIA - Ordinary - Protected</u> |
| <input type="checkbox"/> <u>Type IB - Fire resistive</u> | <input type="checkbox"/> <u>Type IIIB - Ordinary – Unprotected</u> |
| <input type="checkbox"/> <u>Type IIA - Non-combustible – Protected</u> | <input type="checkbox"/> <u>Type IV - Heavy timber</u> |
| <input type="checkbox"/> <u>Type IIB - Non-combustible – Unprotected</u> | <input type="checkbox"/> <u>Type VA - Wood Frame – Protected</u> |
| | <input type="checkbox"/> <u>Type VB - Wood Frame - Unprotected</u> |

Height/Stories & Area:

Height in Feet: _____

Number of stories above a Basement: _____ *(include any attic spaces)*

Total Floor Area of Largest Story (gross square feet): _____

Floor area of entire building (gross square feet; include any basement areas): _____

Application for Variance or Appeal

PART 3 – MINIMUM BUILDING INFORMATION (continued):*

Project Type:

- New Building
- Addition to Existing Building
- Repair
- Alteration Level 1
- Alteration Level 2
- Alteration Level 3
- Change of Occupancy
- Other _____

Permit/Compliance Status:

- Building Permit Application Date: _____ / _____ / _____
- Building Permit Date: _____ / _____ / _____
- Certificate of Occupancy Date: _____ / _____ / _____
- Orders or Denials
- Inspection Report

Project Status:

- In-Planning
- Work in Progress Start Date: _____ / _____ / _____
- Work Completed

PART 4 – APPLICABLE BUILDING CODE RELIEF REQUESTED * (check any that apply)

- Title 9 - Uniform Fire Prevention and Building Code – Applicable 1/1/1984 to 12/31/2002
- Title 19 - Uniform Fire Prevention and Building Code – Applicable 1/1/2003 to present
 - Part 1220 Residential Part 1221 Building Part 1222 Plumbing Part 1223 Mechanical
 - Part 1224 Fuel Gas Part 1225 Fire Part 1226 Property Maintenance
 - Part 1227 Existing Building
- 2016 Uniform Code Supplement – Applicable 10/03/2016 to present
- Multiple Residence Law (MRL) No. of Stories _____ No. of Dwelling Units _____ Year Built _____.

PART 5 – SUBJECT OF THE PETITION (appeal and/or variance, both may be requested)

- Check One *** Variance Appeal Appeal/Variance

On the chart below, list the specific code sections which are the subject of your application. Use a separate sheet if necessary.

CODE SECTION(S)	TOPIC	RELIEF SOUGHT

Application for Variance or Appeal

VARIANCE*

To be eligible for a variance you must document which of the following apply:

Strict compliance with sections above would entail practical difficulties, unnecessary hardship or would otherwise be unwarranted because such (*check the statements that apply and provide appropriate documentation*):

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> 1. would create an excessive and unreasonable economic burden; | Reasons are attached in EXHIBIT _____ |
| <input type="checkbox"/> 2. would not achieve its intended objective; | Reasons are attached in EXHIBIT _____ |
| <input type="checkbox"/> 3. would inhibit achievement of some other important public policy; | Reasons are attached in EXHIBIT _____ |
| <input type="checkbox"/> 4. would be physically or legally impracticable; | Reasons are attached in EXHIBIT _____ |
| <input type="checkbox"/> 5. would be unnecessary in light of alternatives which, without a loss in the level of safety, achieve the intended objective of the code; | Reasons are attached in EXHIBIT _____ |
| <input type="checkbox"/> 6. would entail a change so slight as to produce a negligible additional benefit consonant with the purpose of the code. | Reasons are attached in EXHIBIT _____ |

APPEAL

An appeal is a request for a Board of Review to review any order or determination or the failure within a reasonable time to make any such order or determination by a Code Enforcement Official. Describe the order or determination and explain specifically why you believe the order or determination; or failure to act is incorrect, improper or otherwise unwarranted. This should include specific explanations relative to code sections cited.

- A.** An order or determination or the failure to make said order or determination in a timely fashion; or the failure to issue a permit or other document in a timely fashion is appealed. A copy of the order or determination is attached as **EXHIBIT _____**. Briefly describe the order or determination (*additional sheets may be used if necessary*)

-
- B.** Attached as **EXHIBIT _____** are reasons why the order or determination should be reversed or modified or why other relief should be fashioned so as to do justice among the parties.
-

Application for Variance or Appeal

PART 6 – DOCUMENTS

Required Documents: *(supplemental to the petition form)*

Summary: Describe the project, present conditions, proposed work, details of the appeal and/or variance requests along with support of the grounds for relief you checked above.

Site Plan: Indicate size and location of all structures on the premises *(if applicable)*.

Building Plans: Drawings in sufficient quantity and quality to clearly describe the requested variance or modification. Such drawings may include dimensioned floor plans, elevations, sections and construction details. Any drawings submitted should be identical to those submitted to the code enforcement official or be noted otherwise.

Supplementary Documents: Submit such materials as photographs, charts, reports, detailed descriptions or any other information that can be used to more fully describe the nature of the request. List any such supplementary materials by Exhibit number:

EXHIBIT NUMBER	DESCRIPTION

PART 7 – FILING AND SIGNATURE

NON-REFUNDABLE FILING FEES (Checks must be made payable to **New York State Department of State**)

Your Regional Representative will contact you to verify fee requirements and additional documentation requirements. Board of Review cases require 8 sets of documents. For appeals and Board of Review variances, a hearing will be scheduled once all required materials are received by the Albany Central Office AND the Regional Representative has confirmed the application is otherwise complete.

Routine (administrative) variance review process\$ 50

Board of Review Petitions

Construction, alteration or renovation of residential or agricultural occupancies no more than one structure; no more than 2 dwelling units\$ 50

Construction, alteration or renovation of other buildings or structures having a gross area of:

- not more than 8,000 square feet\$ 100
- more than 8,000 square feet but not more than 25,000 square feet\$ 300
- more than 25,000 square feet but not more than 50,000 square feet\$ 500
- more than 50,000 square feet\$1,000

Maintenance or use of buildings or materials and not otherwise provided for above.....\$ 100

Previous Action

Has any previous action related to the subject property been taken by the Department of State or another administrative agency or a court? *(Include any formal interpretations, decisions, orders or informal advisories issued by the Department of State, Division of Housing and Community Renewal or the Department of Labor).*

- No Yes *(describe below and provide relevant documents)*

I make this application pursuant to 19NYCRR Part 1205 and I assert under the penalties of perjury that the information provided in support of this application is true and correct to the best of my knowledge.

SIGNATURE: * _____ **DATE: *** _____