



# Building Standards and Codes

New York State  
Department of State  
Division of Building Standards and Codes  
One Commerce Plaza  
99 Washington Avenue, Suite 1160  
Albany, NY 12231-0001  
(518) 474-4073  
Fax: (518) 474-5788  
www.dos.ny.gov

## Code Enforcement Official Variance Questionnaire

All fields marked with a \* must be filled in for the form to be submitted.

\*PETITION NAME/(Number if available) \_\_\_\_\_

\*PROPERTY ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

### VERIFICATION SECTION to be completed by the local Code Enforcement Official

\*1. This project involves: addition alteration change of occupancy new building other (specify) \_\_\_\_\_

2. Construction Type: \_\_\_\_\_

3. Occupancy Classification(s): \_\_\_\_\_

4. Previous Occupancy Classification if Changed: \_\_\_\_\_

5. Gross Square Footage (all floors): \_\_\_\_\_

6. Height in Stories (without basement): \_\_\_\_\_

7. For Existing Buildings, Approximate Date of Original Construction: \_\_\_\_\_

8. Building Permit Issued? If yes, provide date of issuance: \_\_\_\_\_

9. Certificate of Occupancy Issued? If yes, provide date of issuance: \_\_\_\_\_

\*10. Do you support the petitioner's request for a variance? Yes No  
If no, please explain: \_\_\_\_\_

\*11. Do you believe this petition should be heard by the Board of Review? Yes No

\*12. Have any actions been taken relevant to this request for a variance? Yes No

\*13. Do you support processing this request as a routine variance? Yes No  
If no, please explain: \_\_\_\_\_

14. Code Section(s): \_\_\_\_\_  
\_\_\_\_\_

**NOTE TO LOCAL CODE ENFORCEMENT OFFICIALS:** Completion of this form will assure coordination with your local government and Department of State. The intent of this form is to allow for confirmation, comments or additional information regarding this project to be provided and considered. This completed form along with any relevant additional information or documentation should be submitted to your Department of State regional representative at your earliest opportunity to avoid delaying the processing of this application. If no Variance Questionnaire is received, the Department of State will assume that the local code enforcement official takes no exception to the processing of this application as routine. Thank you.

\*NAME OF CODE ENFORCEMENT OFFICIAL: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_