

**TEMPORARY CONSTRUCTION VARIANCE REQUEST FORM**  
**For occupancy before construction is complete**

Return by mail to:

**DIVISION OF STATE FIRE MARSHAL**  
**Iowa Department of Public Safety**  
**215 East 7<sup>th</sup> Street**  
**Des Moines, IA 50319**  
*phone: (515) 725-6145*

**DATE:** \_\_\_\_\_ **STATE ISSUED PROJECT NUMBER:** \_\_\_\_\_

**BUILDING INFORMATION**

**OWNER INFORMATION**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

County: \_\_\_\_\_

***SCOPE OF PROJECT/DESCRIPTION: Describe the scope of the project***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***DELAY TO PROJECT DESCRIPTION: Describe the delay to the project in detail***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***PHASING TO COMPLETE PROJECT: Describe what still needs to be completed on this project***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***CONSTRUCTION MILESTONES: Describe milestones that have been met on this project***

(Examples: items ordered, items delivered, items installed, completion of the project, etc.)

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***ADDITIONAL SAFETY MEASURES: Describe all additional safety measures will be put in place to ensure safety of the person(s) utilizing this building during the construction process***

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***REQUESTED EXPIRATION DATE OF TEMPORARY VARIANCE***

**The requested temporary variance allows a facility time to finish the project but can be revoked at any time.**

Requested EXPIRATION DATE: \_\_\_\_\_

Duration of DISRUPTION resulting from Construction: \_\_\_\_\_

Other Comments: \_\_\_\_\_

- **I hereby certify the information listed above is correct and accurate and that I am the owner or the owner's authorized agent.**

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

Name & Title (*Please print*): \_\_\_\_\_

**STATE FIRE MARSHAL'S DETERMINATION**

Approval \_\_\_\_\_ Conditional Approval (*see below*) \_\_\_\_\_ Disapproval \_\_\_\_\_

**Comments:**

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**This variance is subject to periodic review and may be withdrawn by this office for just cause at any time. The granting of this variance shall NOT be considered as setting precedent. Each request for a variance shall be considered on its own merit.**

\_\_\_\_\_  
Dan Wood, State Fire Marshal

\_\_\_\_\_  
Date

cc: Owner/Authorized Agent & Inspector