

VARIANCE REQUEST FORM

Return by mail to:

Department of Inspections, Appeals, and Licensing
Health and Safety Division/Fire Prevention Bureau
6200 Park Avenue Suite 100
Des Moines, IA 50321-1270
phone: (515) 725-6145

DATE: _____

BUILDING INFORMATION

OWNER INFORMATION

Name: _____

Name _____

Address: _____

Address: _____

County: _____

JUSTIFICATION – SAFETY

The following is the justification for variance of Iowa Administrative Code, Public Safety [661] Chapter _____
Rule(s): _____. The intent of the rules is being met and
equivalent safety is being provided by (*attach additional sheets if necessary*):

JUSTIFICATION – UNREASONABLE HARDSHIP

The following is to demonstrate how the strict enforcement of the Iowa Administrative Code rule(s) would create an
unreasonable hardship (*attach additional sheets if necessary*):

Estimated COST: _____

Duration of DISRUPTION resulting from Construction: _____

Availability of Financing: _____

Remaining Useful Life of the Building: _____

Other Comments: _____

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

Signature: _____

Name & Title (*Please print*): _____

(over – FOR OFFICE USE ONLY)

**FIRE PREVENTION BUREAU CHIEF / BUILDING CODE COMMISSIONER
RECOMMENDATION**

Approval _____ Conditional Approval (*see below*) _____ Disapproval _____

Comments: _____

Inspector

STATE FIRE MARSHAL RECOMMENDATION

Approval _____ Conditional Approval (*see below*) _____ Disapproval _____

Comments: _____

Supervisor

DIRECTOR'S DETERMINATION
IOWA DEPARTMENT OF INSPECTIONS, APPEALS, & LICENSING

Approval _____ Conditional Approval (*see below*) _____ Disapproval _____

Comments: _____

- **This variance is subject to periodic review and may be withdrawn by this office for just cause at any time.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.**

Larry Johnson, Jr., Director

Date

cc: Owner/Authorized Agent & Inspector
Date _____