



Variance Request Form

Date:

Submission Options:

Email: fire.inspections@dia.iowa.gov

Mail: DIAL Health and Safety Division, Fire Prevention Bureau, 6200 Park Ave., Ste. 100, Des Moines, IA 50321-1270

Building Information

Name:

Address:

County:

Owner Information

Name:

Address:

Justification – Safety

The following is the justification for variance of Iowa Administrative Code, Inspections and Appeals [481]

Chapter: _____ Rules: _____

The intent of the rules is being met and equivalent safety is being provided (attach additional sheets in needed):

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 needed):

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:



For Office Use Only

Fire Safety Bureau Chief / Building Code Commissioner Recommendation

Select one of the following:

Approval:

Conditional Approval:

Disapproval:

Comments:

Bureau Chief/Commissioner Signature:

Director's Determination

Iowa Department of Inspections, Appeals, and Licensing

Select one of the following:

Approval:

Conditional Approval:

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- **This variance is subject to periodic review and may be withdrawn by this office for just cause at any time.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

Aaron Baack, Interim Director Signature:

Date:

cc: Owner/ Authorized Agent & Inspector

Date: