IOWA | Department of Inspections, Appeals, & Licensing

Variance Request Form

DATE: _____

SUBMISSION OPTIONS

Email: fire.inspections@dia.iowa.gov

Mail: DIAL Health and Safety Division, Fire Safety 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, Appeals and Licensing

481 Chapter _____ Rules _____

The intent of the rules is being met and equivalent safety is being provided (attach additional sheets if 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: _____

Justification – Unreasonable Hardship (cont.)

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:

Signature: _____

Director's Determination

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This variance is subject to periodic review and may be withdrawn by this office for just cause at any time.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

Signature: _____

cc: Owner/Authorized Agent & Inspector Date: _____