

# VARIANCE REQUEST FORM

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: \_\_\_\_\_

## 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)

**INSPECTOR'S RECOMMENDATION**

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

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Inspector

**SPECIAL AGENT IN CHARGE RECOMMENDATION**

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

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor

**STATE FIRE MARSHAL'S DETERMINATION**

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- **This variance is subject to periodic review and may be withdrawn by this office for just cause at any time.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

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

\_\_\_\_\_  
Date

cc: Owner/Authorized Agent & Inspector  
Date \_\_\_\_\_