Commonwealth of Massachusetts
OFFICE OF CONSUMER AFFAIRS
DIVISION OF PROFESSIONAL LICENSURE

Board of State Examiners of Plumbers and Gasfitters
1000 Washington Street, Suite 710
Boston, Massachusetts 02118-6100

APPLICATION FOR VARIANCE FROM STATE PLUMBING CODE

$86.00 application fee – Check payable to Commonwealth of Massachusetts

(1) Applicant Information

Name: _____ Daytime Tel: _____ Fax: _____

Address: _____ City/Town: _____ State: MA Zip: _____

Title or Position: _____ Email: _____

Name of local Plumbing Inspector: _____ Tel: _____

Prior to submitting this application, the local Plumbing Inspector was informed of the variance on: _____ (mm/dd/yyyy)

(2) Present Owner Information

Name: _____ Daytime Tel: _____ Fax: _____

Address: _____ City/Town: _____ State: MA Zip: _____

Email: _____

(3) Variance Location Information

Name of proposed or current occupier of building: _____ _____ Floor

Address: _____ City/Town: _____ Tel: _____

(4) Other Party Information

Engineer: _____

Contractor: _____ Pending: ☐

Plumber: _____ Pending: ☐

Plumbing Permit Number: _____ Pending: ☐

(5) Variance Request Information

New construction: ☐ Renovation: ☐ Alteration: ☐

Applicable Code Section(s): _____

Has the work started? Yes ○ No ● Date work started: _____ (mm/dd/yyyy) N/A ☐

Reason(s) why this variance is necessary and should be allowed. Include a statement of hardship.

I hereby certify that the information entered on this application request, to include supporting documentation, is true and accurate and is filed in accordance with Chapter 142 section 13 of the General Laws and 248 CMR Massachusetts State Plumbing Code as amended.

_____ Date of Application: _____ (mm/dd/yyyy)

Signature of Applicant

[This completes the online process, please print and sign the application]

GENERAL NOTES

1. Rules and regulations (248 CMR) made by the Board of Examiners of Plumbers and Gas Fitters may be varied upon the petition of the local Board of Health or Health Department thereof. (**M.G.L. c142 s13**).
   Note 1: The petition of the Board of Health, whether favorable or not, must accompany this variance request.
   Note 2: Board of Health petitioning is not required for buildings owned, used and constructed by the Commonwealth.

2. If necessary, attach supporting information / documentation to this application and deliver or mail to the Board Office.

3. $86.00 application fee (non-refundable) – Check or money order payable to Commonwealth of Massachusetts.

4. Variances are customarily heard on the first and last Wednesday of every month. Proper notification will be sent.

5. Copies of state gas code regulations (248 CMR) are available at the State Bookstore, Room 116, State House, Boston, MA 02113. Call 617 727-2834 for current cost plus mailing charge.

6. The applicant must file a copy of the Board's approval for this variance request with the local Plumbing Inspector prior to commencing any work.