

Additional Request

Which section(s) of 521 CMR (other than 521 CMR 3) do you need relief from? *

e.g. "521 CMR 26.00 – Ramps". Leave blank if this request does not apply.

Are you asking for temporary relief only? *

<input type="radio"/> Yes — I need temporary relief
<input type="radio"/> No — I need permanent relief

If temporary, how long are you seeking relief for?

Why are you seeking this variance? Select the statement that applies: *

<input type="radio"/> Compliance is technologically unfeasible
<input type="radio"/> Compliance would result in an excessive cost without substantial benefit to persons with disabilities

Explain your argument in detail *

Provide substantial evidence. Label all attachments (floor plans, photos, cost estimates, engineering reports) with this Request number.

