

Commonwealth of Massachusetts Division of Occupational Licensure Board of State Board of Examiners of Plumbers and Gas Fitters

1 Federal Street • Boston • Massachusetts • 02110-2012

VARIANCE FROM STATE PLUMBING CODE PRE-INSTALLATION

\$86.00 application fee payable to "Commonwealth of Massachusetts"

DO NOT USE THIS APPLICATION IF PLUMBING WORK HAS BEEN COMPLETED

PLEASE PRINT CLEARLY

(Section1) APPLICANT INFORMATION:

(**************************************						
Applicant Name: Firm Nam		Firm Name	me (if applicable):			Date:
Title or Position with Firm (if applicable):			Type of Work:			
			New Construction:	Renovation:		
Street Address:			City/Town:	!	State:	Zip Code:
Cell Phone:	Work Phone:		Email:			

ALL OF THE FOLLOWING ITEMS MUST BE INITIALED. IF LEFT BLANK, THE FORM WILL BE DEEMED INCOMPLETE AND WILL NOT BE	ACCEPTED.
1. I have included with this application <u>written documentation</u> that the local Board of Health has been petitioned regarding this variance request.* (Variance requests for City of Boston must include petition to Inspectional Services) Note: No Board of Health petition is required for buildings owned, used or leased by the State of Massachusetts.	INITIAL BELOW
2. I have included all necessary supporting documentation regarding this variance request.	INITIAL BELOW
3. I have included a non refundable check for \$86.00 payable to the Commonwealth of Massachusetts. Note: No payment is required for buildings owned, used or leased by the State of Massachusetts.	INITIAL BELOW
4. The unusual or extraordinary circumstance or established hardship that warrants special terms or conditions is clearly stated in (Section 5) on the second page of this application	INITIAL BELOW
5. I understand that this variance request is for one instance at the location information stated in (Section 3) of this application.	INITIAL BELOW
6. I certify that the plumbing work relevant to the information stated in (Section 5) has not yet been performed.	INITIAL BELOW

"Additionally, any response by the Board of Health or Health Department must be provided, however, the Board may waive this requirement so long as the petition was made in a timely manner."

TEL: 617-727-9952 FAX: 617-727-6095 TTY/TDD: 617.727.2099 http://www.mass.gov/dpl/boards/pl

Individual Name:			Firm Name	(if applicable):			
Street Address:				City/Town:		State:	Zip Code:
Cell Phone:	Work Phone	:		Email:			1
Section 3) LOCATION OF			lank if this in	formation is the sar	ne as in Section (2))		
Name of <u>proposed</u> or <u>curr</u>	ent occupier of the bu	uilding:					
Street Address:				City/Town:			Zip Code:
Section 4) ADDITIONAL	INFORMATION:			1			1
Plumber's Name (if availa	ble):	Plumb	ing Firm Nam	e (if available):		Work Ph	one:
Name of Plumbing Inspec	tor:	ı		Date Inspector was informed of this Variance Request:			
Plumbing Code Section(s)	Relevant to this Varia	nce Req	uest:	1			
Has Plumbing Work Begur	n at the Location of th	is Varian	nce Request:	Yes: No:	Date W	ork Began:	
Section 5) VARIANCE IN	FORMATION: (Please	explai	n in detail th	e established hards	hip relative to this v	ariance red	quest)
By checking this bo	ox - I hereby certify u	nder pa	ins and penal	ties of perjury that th	e information entered	I on this ap	pplication request, including
upporting documentation, state Plumbing Code. I cert							
variance for work that has n he Massachusetts State Plu	ot yet commenced. I a	lso certif	y that I unders	tand that this is a requ	est for the Board to al		-
						_	
Signature of Applicant						Date:	