



Office of the Illinois State Fire Marshal
Division of Elevator Safety
James R. Thompson Center
100 West Randolph Street, Suite 4-600
Chicago, IL 60601
312-814-1325
Fax 312-814-3459



Variance/Exception Hearing Request

Instructions: This request form must be filled out in its entirety and must be submitted by mail to the Elevator Safety Division seven (7) days prior to the next Board meeting for review. **A processing fee of \$200.00 per conveyance must be submitted with this application.** The variance/exception will be approved/denied by the Elevator Safety Review Board at their next meeting. A calendar of board meeting dates is available on the Elevator Safety website at www.state.il.us/osfm under the Elevator Safety link. A representative **must appear** before the Board to present the Variance/Exception.

Please include the following with your request:

- 1) Evidence that the proposed or existing conveyance is not in compliance with the code or regulation.
 - 2) Evidence that strict compliance with the code or regulation would entail practical difficulty or unnecessary hardship or is otherwise found unwarranted.
 - 3) Evidence that any requested variance/exception does not jeopardize the safety and health of those who would use the conveyance or work on the conveyance and that the methods, means, or practices proposed provide equal protection of the public's safety and health.
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Variance/Exception Hearing Request Form

1. Applicant Information

Name of Person or Company Applying for Variance:	Contact Name:
Address (include City/State/Zip Code):	
Phone:	Fax:

Variance (presentation required) **Exception** (previously accepted system - presentation required)

2. Building Information

Name of Building:
Building Address (include City/State/Zip Code):

3. Conveyance Information

Type of Unit:	Method of Operation:
Check One: New Construction: <input type="checkbox"/> Alteration: <input type="checkbox"/>	If Alteration – Conveyance Registration No(s):

4. Variance (please include Code reference and supporting documentation)

Variance #1:
Variance #2:
Variance #3:

5. Signature

I certify under penalty of perjury that the information on this Variance Request is true and complete to the best of my knowledge.	
Signature _____	Date: _____
Print Name (and Title) _____	