

Elevator Variance Request Application
 Michigan Department of Licensing and Regulatory Affairs
 Bureau of Construction Codes/Elevator Section
 P.O. Box 30255, Lansing, MI 48909
elevsafety@michigan.gov / 517-241-9337
www.michigan.gov/bcc

Application Fee: \$103.00 per device per variance request (non-refundable)

****PLEASE NOTE: A SINGLE FORM MAY INCLUDE MULTIPLE DEVICE REQUESTS IF SEEKING THE SAME VARIANCE FOR EACH, HOWEVER PAYMENT FOR EACH ITEM MUST BE DONE SEPARATELY. ****

Authority: 408.7023a Penalty: Failure to provide the required information may result in the denial of your request	LARA is an equal opportunity employer/program. Auxiliary aids, services, and other reasonable accommodations are available to individuals with disabilities upon request.
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Instructions:

- Request 1 variance per form (multiple devices can be included), additional variances will require additional forms
- Complete the form in its entirety, ensure the Rule or Code under which the variance is sought is specified
- Email the application to elevsafety@michigan.gov and await payment instructions
- Or mail the completed application and supporting documentation to the address listed above.
- And enclose a check payable to the **STATE OF MICHIGAN**

The Bureau of Construction Codes reserves the right to respond to this variance request or submit it to the Elevator Safety Board for action.

APPLICANT INFORMATION			
APPLICANT NAME	TELEPHONE (Include Area Code)		
ADDRESS	CITY	STATE	ZIP CODE
EMAIL	COUNTY		
SIGNATURE	DATE		
BUILDING/DEVICE INFORMATION			
NAME (Company or Individual)	CONTACT PERSON	TELEPHONE (Include Area Code)	
ADDRESS	CITY	STATE	ZIP CODE
ELEVATOR STATE SERIAL OR PERMIT NUMBER(S)			

Summary of Variance: Code, Rule, Law; provide the Code, Rule or Law under which a variance is sought. Desired Relief; describe the remedy being sought. Basis of Variance; provide a brief statement why the requested remedy should be granted. All items listed must be provided with the application to be considered complete.

SUMMARY OF VARIANCE REQUESTED <input type="checkbox"/> Hardship <input type="checkbox"/> Existing Condition
<p>Provide Copies of the following:</p> <ul style="list-style-type: none"><input type="checkbox"/> Statement of Facts and Reasoning<input type="checkbox"/> Supporting Material (Building Drawings, Code Sections, Rule, Law)<input type="checkbox"/> Copy of Violation Notice, if applicable
CODE SECTION, RULE, LAW
DESIRED RELIEF (State Briefly)
BASIS OF VARIANCE (State Briefly)

For Office Use Only

Date received: _____

Payment Received: Yes No

Approved Approved with Conditions Denied

Approved/Denied by: _____

Date Approved/Denied: _____

Comply violations with the approved variance