



STATE OF NEW YORK - DEPARTMENT OF LABOR  
**DIVISION OF SAFETY AND HEALTH**  
**ENGINEERING SERVICES UNIT**  
 STATE OFFICE BUILDING CAMPUS  
 ALBANY, N.Y. 12240

PREPARE APPLICATION IN TRIPLICATE  
 SUBMIT ALL APPLICATIONS TO THE  
 ADDRESS SHOWN WITH A CERTIFIED  
 CHECK OR MONEY ORDER (made  
 payable to the Commissioner of Labor)

**PETITION FOR A VARIANCE OR OTHER RELIEF**  
 (NOT APPLICABLE FOR PUBLIC EMPLOYERS)

1. NAME AND ADDRESS OF PETITIONER	4. <b>FOR AN ASBESTOS PROJECT ONLY.</b> PETITIONER OR AGENT IS OR HOLDS (Check appropriate box)  <input type="checkbox"/> Asbestos Contractor - License No. _____ <input type="checkbox"/> Air Monitor - Certificate No. _____ <input type="checkbox"/> Project Designer- Certificate No. _____ <input type="checkbox"/> Project Monitor - Certificate No. _____ <input type="checkbox"/> Management Planner- Certificate No. _____ <input type="checkbox"/> Other (Specify) _____
2. PETITIONER'S TELEPHONE NUMBER:	
3. PETITIONER'S FEDERAL EMPLOYER IDENTIFICATION NUMBER(FEIN)	
5. AFFECTING PREMISES KNOWN AS	6. STREET ADDRESS OF SUCH PREMISES

7. These premises are situated on \_\_\_\_\_ side of \_\_\_\_\_  
NORTH-EAST-SOUTH-WEST STREET-AVENUE-ROAD

(Check one) in the  CITY  TOWN  VILLAGE OF \_\_\_\_\_, County of \_\_\_\_\_

8. NAME AND ADDRESS OF ALL DESIGNATED EMPLOYEE REPRESENTATIVES (Enter "None" if no employee organization)

**\*\*\*This question is not applicable to an Asbestos Project\*\*\***

THE PETITIONER HEREBY PETITIONS THE COMMISSIONER OF LABOR FOR A VARIANCE (OR OTHER RELIEF) FROM THE REQUIREMENTS OF THE LABOR LAW, ORDERS OF THE COMMISSIONER OF LABOR REQUIRING COMPLIANCE WITH THE STATE BUILDING CONSTRUCTION CODE, THE NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING CODE, AND/OR THE RULES OF THE COMMISSIONER OF LABOR AS STATED BELOW.

**A. CITATION**

*LIST THE APPLICABLE SECTION AND PARAGRAPH OF THE RELEVANT LAW, CODE, OR REGULATION(S) FOR WHICH A VARIANCE IS BEING REQUESTED.*

9. LABOR LAW	10. STATE BUILDING CONSTRUCTION CODE	11. UNIFORM FIRE PREVENTION CODE	12. INDUSTRIAL CODE RULE NUMBER
13. ORDERS ISSUED : <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, enter date issued	14. ISSUED BY: <input type="checkbox"/> STATE INSPECTOR <input type="checkbox"/> LOCAL INSPECTOR	15. ISSUED TO: <input type="checkbox"/> OWNER <input type="checkbox"/> AGENT <input type="checkbox"/> LESSEE (Enter name appearing on Notice of Violation) _____	

16. QUOTE THE TEXT OF THE ORDERS AS GIVEN ON THE NOTICE OF VIOLATION AND ORDER TO COMPLY, if applicable.

17. IF A VARIANCE HAS BEEN GRANTED PREVIOUSLY COVERING THE SAME SECTION AND PARAGRAPH AS SPECIFIED ABOVE IN ITEMS 5-8., LIST THE CASE NUMBER AND DATE SUCH VARIANCE WAS GRANTED.

**B. DESCRIPTION OF PREMISES**  
(To be filled out only when pertinent to the petition)

18. Date building was constructed \_\_\_\_\_ 19. No. Stories: Front \_\_\_\_\_ Rear \_\_\_\_\_
20. Construction of building is  Wood;  Non-fireproof;  Fireproof;  
 (Masonry walls, wood floors and roof)  (Masonry walls, concrete floors and roof)
21. Size of lot: At street level Feet front \_\_\_\_\_ Feet deep \_\_\_\_\_
22. Size of building: At street level Feet front \_\_\_\_\_ Feet deep \_\_\_\_\_
23. Size of building: At typical floor level Feet front \_\_\_\_\_ Feet deep \_\_\_\_\_
24. Use of each floor and maximum number of persons on each floor are as follows: \_\_\_\_\_

Floor	Equipped with Automatic Sprinklers		USE	OCCUPANCY			
	Yes	No		Present		Proposed	
				Men	Women	Men	Women
Cellar							
1							
2							
3							
4							
5							

**C. REASON FOR REQUEST FOR VARIANCE**

25. State the grounds for a variance (or other relief) setting forth difficulties and/or hardships involved in complying with the requirements stated above. Failure to complete this section may result in dismissal or denial of this petition.

**D. PROPOSAL**

26. State the proposal, if any, for securing safety or protecting health without literal compliance with such requirements.

**\*\*\*This question is not applicable to an Asbestos Project\*\*\***

27. I affirm that a copy of this Petition

has been sent or  will be sent within 3 days of sending this Petition to the Commissioner of Labor, to all designated employee representatives by certified mail, return receipt requested  
AND

has been posted or  will be posted within one week of sending this Petition to the Commissioner of Labor at the site affected by the variance in an easily accessible location

I certify that the information contained in this Petition is true and accurate.

\_\_\_\_\_  
28. DATE

\_\_\_\_\_  
29. SIGNATURE OF PETITIONER OR PETITIONER'S AGENT

**Return THREE copies of this application and the \$350.00 fee to the address shown on front.**

(Use additional 8½ x 11 sheets, if necessary)