



# Variance Application

San Jose Fire Department  
Bureau of Fire Prevention  
200 E. Santa Clara St., 2<sup>nd</sup> Fl. Tower  
San Jose, CA 95113-1905  
Phone: (408) 535-7750  
Fax: (408) 292-6067

Fee required: Hourly Rate (min. 3 hours) \$717.00

**Fees must be submitted with application**

Plan Check# \_\_\_\_\_

Associated Folder# (Permit#) \_\_\_\_\_

## PROJECT INFORMATION

Project Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Construction: \_\_\_\_\_ Sprinklered: Yes  No

Building Floor Area: \_\_\_\_\_ Tenant Area: \_\_\_\_\_ Number of stories: \_\_\_\_\_

Describe Use: \_\_\_\_\_

### 1. Code Requirement (Include code reference)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 2. Variance Proposed (A brief description shall be included even if additional documents are attached)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. Justification (A brief description shall be included even if additional documents are attached)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## APPLICANT INFORMATION

\_\_\_\_\_  
Requested by (Print Name) Signature \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

**Note:** Attach plans showing the details of the proposed variance and copies of any reference, test reports, expert opinion, etc. **Submit all documents, including plans in 11x17 or 8.5x11 format.** The Fire Chief may require that a consultant be hired by the applicant to perform all applicable test, research and analysis and submit a full report of evaluation to the Fire Department for consideration and approval.

Additional City requirements or notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Reviewed by Inspector/Engineer Fire Marshal Signature Denied   
Approved  \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date