

PETITION FOR VARIANCE
ATCP 93 - Flammable, Combustible, and Hazardous Liquid Storage Tanks
ATCP 94 - Petroleum Products
INFORMATION AND INSTRUCTIONS

In instances where exact compliance with a particular code requirement cannot be met or alternative designs are desired, the Bureau has a petition for variance program where it reviews and considers acceptance of alternatives which are not in strict conformance with the letter of the code, but which meet the intent of the code. **A variance is not a waiver from a code requirement.** The petitioner shall **provide an equivalency which meets the intent** of the code section petitioned to obtain a variance. Documentation of the rationale for the equivalency is requested below. Test reports, technical data, pictures, sketches, and plans may be submitted to support equivalency.

ATCP 93 Petitions: The request will be denied if the proposed equivalency does not adequately safeguard the health, safety, and welfare of building occupants, frequenters, firefighters, or provide equivalent environmental protection.

ATCP 94 Petitions: Requests for petroleum products shall demonstrate system compatibility, functionality, and adequate fire safety, health, and environmental protection. Also, include certified laboratory analysis and list all component materials in the system as applicable.

It should be noted that **a petition for variance does not take the place of any required plan review submittal.**

The Bureau is unable to process petitions for variance that are not properly completed. Before submitting the application, the following items should be checked for completeness in order to avoid delays:

- Petitioner's name (typed or printed).
- Petitioner's signature. (must be signed by the owner of the building or project unless a Power of Attorney is submitted.)
- Notary Public signature with affixed seal.
- Analysis to establish equivalency, including any pictures, illustrations or sketches of the existing and proposed conditions to clearly convey your proposal to the reviewer. If aboveground or underground tank is located outside of a building, a schematic reflecting setbacks, vehicle parking area and vehicle traffic patterns must be submitted.
- Fee of \$300.

For ATCP 93 petitions only:

A position statement from the municipal fire code enforcement official is required for fire safety issues that involve setbacks from buildings or property lines. Position statements must be completed and signed by the appropriate **municipal fire code enforcement official**. See the back of TR-WM-129, Petition for Variance Application form for position statement form. Signatures or seal on all documents must be originals. Photocopies are not acceptable.

Except for special cases, the Bureau will review and make a determination on a petition for variance within 30 business days of receipt of all calculations, documents, and fees required for the review.

Mail the completed Petition for Variance and fees to:
Department of Agriculture, Trade & Consumer Protection
Division of Trade & Consumer Protection
Bureau of Weights & Measures
2811 Agriculture Drive
P O Box 7837
Madison, WI 53707-7837
Telephone: (608) 224-4942



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Bureau of Weights and Measures, Permits and Licensing
 2811 Agriculture Drive, PO Box 7837, Madison, WI 53707-7837
 Phone: (608) 224-4942 Wis. Admin. Code §ATCP 93.170 and §ATCP 93.110

FOR OFFICE USE ONLY
Class Code 7636
Trans No:
Amount Paid:

PETITION FOR VARIANCE

FLAMMABLE, COMBUSTIBLE, AND HAZARDOUS LIQUID STORAGE TANKS AND PETROLEUM PRODUCTS

PLEASE TYPE OR PRINT CLEARLY - Personal information you provide may be used for purposes other than that which it was originally collected (s.15.04 (1)(m) Wis. Stats.).

Variance Petition is for <input type="checkbox"/> ATCP 93 <input type="checkbox"/> ATCP 94			
OWNER INFORMATION			
NAME		TELEPHONE () -	CELL PHONE () -
COMPANY NAME	CONTACT PERSON	EMAIL	
STREET ADDRESS		CITY	ZIP
PROJECT INFORMATION			
CODE CHAPTER(S) AND USE		TENANT NAME (IF ANY)	FD ID #
FACILITY LOCATION (STREET ADDRESS)	<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN	COUNTY OF	ZIP
DESIGNER INFORMATION			
DESIGNER		TELEPHONE () -	CELL PHONE () -
DESIGN FIRM	CONTACT PERSON	EMAIL	
STREET ADDRESS		CITY	STATE ZIP
TANK SYSTEM PLAN REVIEW BY: <input type="checkbox"/> State <input type="checkbox"/> Local Program Operator (LPO) <input type="checkbox"/> Preliminary design			
PLAN STATUS: <input type="checkbox"/> Plan will be submitted after petition determination <input type="checkbox"/> Already built <input type="checkbox"/> Approved, requesting revision Plan #:			
State the code section being petitioned AND the specific condition or issue you are requesting be covered under this petition for variance.			
Reason why compliance with the code cannot be attained without the variance.			
State your proposed means and rationale of providing equivalent degree of health, safety, or welfare as addressed by the code section petitioned.			
List attachments to be considered as part of the petitioner's statements (i.e., model code sections, test reports, research articles, expert opinion, previously approved variances, pictures, plans, sketches, etc.).			

VERIFICATION BY OWNER - PETITION IS VALID ONLY IF NOTARIZED WITH AFFIXED SEAL AND ACCOMPANIED BY REVIEW FEE

(See Section ATCP 93.170 or ATCP 94.110 for complete fee information)

Note: Petitioner must be the owner of the building or project. Tenants, agents, designers, contractors, attorneys, etc., shall not sign petition unless Power of Attorney is submitted with the Petition for Variance Application.

 Petitioner's Name (type or print)

being duly sworn, I state as petitioner, that I have read the foregoing petition and I believe it is true and that I have significant ownership rights to the subject property or project.

 Petitioner's Signature

 Subscribed and sworn before me on this date:

 Notary Public:

 My commission expires on:

Fire Department or Enforcement Official Position Statement

To be completed only for variances requested from ATCP 93 building or property line setback requirements.

I have read the application for variance and recommend: (check appropriate box)

Approval

Conditional Approval

Denial

No Comment

Explanation for recommendation including any conflicts with local rules and regulations and suggested conditions:

FIRE DEPARTMENT NAME				
STREET ADDRESS		CITY	STATE	ZIP
NAME OF FIRE CHIEF OR DESIGNEE ENFORCEMENT OFFICIAL (TYPE OR PRINT)			TELEPHONE () -	
EMAIL				
SIGNATURE OF FIRE CHIEF OR DESIGNEE			DATE SIGNED	