





271 W. 3rd St. N., Suite 101 - Wichita, KS 67202 - www.sedgwickcounty.org - TEL: 316-660-1840 - FAX: 316-660-1810

Application for Variance Review

Please email: richard.chamberlin@sedgwick.gov or tim.wagner@sedgwick.gov Please provide all necessary plans or pictures needed for the review process.

Select your preferred meeting method: Zoom Meeting ___ OR In-Person Meeting at 271 W 3rd St N. ___ Normally held on Wednesday between 10 a.m. to 12:00 p.m.

1. Facility Information	2. Preferred Meeting Time/Date and Other
Facility (Building) Name:	
Address:	PLR Number:
City:	Assigned Reviewer:
Unincorporated:	Preferred Time/Date:
	Other:
3. Owner Information	4. Designer/Company Information
Contact Person:	Contact Person:
Company Name:	Firm/Company:
Address:	Address:
City, State, Zip Code:	City, State, Zip Code
Email Address:	Email Address:
Phone #	Phone #:
Electrical Code Elevator Code Accessibility Code P	rivate Sewage System Other:
7. Reason why compliance with the code cannot be attained with	nout the variance (Attach additional sheets, if necessary)
State your proposed means and rationale of providing equival petitioned.	lent degree of health, safety, or welfare as addressed by the code section
9. List attachments to be considered as part of the petitioner's si previously approved variances, pictures, plans, sketches, etc.	tatements (i.e., model code sections, test reports, research articles, expert opinion,