



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: kortney.capello@sedgwick.gov or richard.chamberlin@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.

***Submittal must be received in the office of the appointment no later than two working days before the confirmed appointment.**

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| 1. Facility Information Facility (Building) Name: _____ Address: _____ City: _____ Unincorporated: _____ | 2. Preferred Meeting Time/Date and Other PLR Number: _____ Assigned Reviewer: _____ Preferred Time/Date: _____ Other: _____ |
| 3. Owner Information Contact Person: _____ Company Name: _____ Address: _____ City, State, Zip Code: _____ Email Address: _____ Phone #: _____ | 4. Designer/Company Information Contact Person: _____ Firm/Company: _____ Address: _____ City, State, Zip Code: _____ Email Address: _____ Phone #: _____ |

5. Code(s) Being Petitioned: Commercial Building Code ___ Residential Building Code ___ Mechanical Code ___ Plumbing Code ___

Electrical Code ___ Elevator Code ___ Accessibility Code ___ Private Sewage System ___ Other: _____

6. State the code section being petitioned AND the specific condition or issue you are requesting be covered under this petition for variance.

7. Reason why compliance with the code cannot be attained without the variance (Attach additional sheets, if necessary)

8. State your proposed means and rationale of providing equivalent degree of health, safety, or welfare as addressed by the code section petitioned.

9. 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.).