## **VARIANCE FEES**

MGO \$50.00 COMM \$490.00 Priority – Double above

## PETITION FOR VARIANCE APPLICATION

City of Madison
Building Inspection
215 Martin Luther King Jr Blvd
Suite 017 Madison, WI 53703
(608) 266-4551, ext. 2
biplans@cityofmadison.com

Amount Paid	

		, ,
Name of Owner	Project Description	Agent, architect, or engineering firm
Moxwell Brennan	AHR Conversion	N/4
Company (if applies)		No. & Street
No. & Street LOO9 RUSSELL St.	Tenant name (if any)	City, State, Zip Code
City, State, Zip Code Mad 1 SON, W1, 53704	Building Address 609 RUSSEN St.	Phone
Phone   507 - 219 - 3005	Madison.W1,53704	Name of Contact Person
e-mail mbrennan31415@gmai	<u> </u>	e-mail
nonconforming conditions for y  SP\$321.06 Ceilmy keight  3 kallwy width, SI  SP\$321.04 Stairways an  32.5" width  2. The rule being petitioned cannot  Exit y Structure Would  modification.  3. The following alternatives and shealth, safety, and welfare as a	our project.)  minimum 7' in hallway.  opes from 9' to 6'4" minimum  of Elevated Areas (2) &) will  ot be entirely satisfied because:  a require unreasonably by  supporting information are proposed  addressed by the rule:  nterion nected smo Ke alarm  all occupants of the house	mber and language. Also, indicate the  We have 7' over 75% of  ym over 3ft width  h must be 36". Exity staircase  rdensome and complex  as a means of providing an equivalent degree of  to provide early wants  no matter where it stars
Note: Please attach any pictures, plans	s, or required position statements	
	s, or required position statements.	
BY A REVIEW FEE AND AN Note: Petitioner must be the owner petition unless a Power of Attorney  Maxwell Brennah  Print name of owner	Y REQUIRED POSITION STA of the building. Tenants, agents, co is submitted with the Petition for Va	ontractors, attorneys, etc. may not sign the riance Application.  Ite as petitioner that I have read the foregoing
radially public		wy commission expires.

NOTE: ONLY VARIANCES FOR COMMERCIAL CODES ARE REQUIRED TO BE NOTARIZED.