

**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  
b1plans@cityofmadison.com

Amount Paid

Name of Owner HSA Commercial Real Estate	Project Description Flammable Liquids Room Construction for solvents in printing process	Agent, architect, or engineering firm Partners in Design Architects
Company (if applies)		No. & Street 2610 Lake Cook Road, Suite 280
No. & Street 100 S Wacker Dr, Suite 950	Tenant name (if any) Tekni-Plex Healthcare	City, State, Zip Code Riverwoods, Illinois 60015
City, State, Zip Code Chicago, IL 60606	Building Address 6002 Femrite Dr Madison, WI 53718	Phone 847-940-0300
Phone 312-458-4464		Name of Contact Person Eric Ortega
e-mail kosborne@hsacommercial.com		e-mail erico@pidarchitects.com

1. The rule being petitioned reads as follows: (Cite the specific rule number and language. Also, indicate the nonconforming conditions for your project.)

SPS 362.0903 (14) Alternate Automatic Fire Sprinkler Design Standard.

- Allows the use of FM Global Loss Prevention Sheets 2-0 & 8-9.

Non-conformance - Design Sprinkler System based on FM data sheet: 7-29

2. The rule being petitioned cannot be entirely satisfied because:

Existing fire pump is inadequate.

3. The following alternatives and supporting information are proposed as a means of providing an equivalent degree of health, safety, and welfare as addressed by the rule:

The property and insurer (FM Global) worked hand in hand to design and lay-out this particular storage arrangement. From that work FM has proposed and subsequently approved a fire sprinkler design based off of FM's "Loss Prevention Data Sheet 7-29" - "Ignitable Liquid Storage in portable containers"

Included is a copy of FM's plan review.

Note: Please attach any pictures, plans, or required position statements.

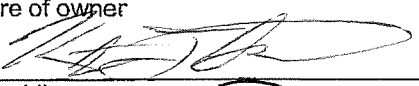
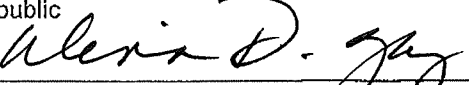
**VERIFICATION BY OWNER - PETITION IS VALID ONLY IF NOTARIZED AND ACCOMPANIED BY A REVIEW FEE AND ANY REQUIRED POSITION STATEMENTS.**

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

**KEN OSBORNE**

Print name of owner

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

Signature of owner 	Subscribed and sworn to before me this date: 10/29/24
Notary public 	My commission expires: 8/29/27

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

OFFICIAL SEAL  
ALINA D ZAJ  
NOTARY PUBLIC, STATE OF ILLINOIS  
COOK COUNTY  
MY COMMISSION EXPIRES 08/29/2027