VARIANCE FEES

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

PETITION FOR VARIANCE APPLICATION

City of Madison Building Inspection Division

215 Martin Luther King Jr. Blvd. Madison, WI 53703 (608) 266-4568

Amount Paid		7	/1.	
#190	6.22	6	ATI	

41 10 07 10 10	•	
Name of Owner	Project Description	Agent, architect, or engineering firm
Sugar Maple Lave LLC	3 Story Sportment Buil	Him TRMcKenzie Inc
Company (if applies)	2 20 y 2100 000	No. & Street 1910 Howks Robe Dr. Juck:
lo & Street	Tenant name (if any)	City, State, Zip Code
1910 Hawks Ridge Dr. Suite	Building Address	Phone WI 53593
Verona, WI 52593	9614 Red Forest Lane	GOS 848 OIN Name of Contact Person
608 848 0111	Verona WI 53593	Brest Myers - 608 513 1369
mail		le-mail
The rule being patitioned read	n de ae followe: (Cita the enecific rule nu	mber and language. Also, indicate the
nonconforming conditions for		mber and language. Also, indicate the
		4 Ventilation) Under 2015 Code
		· · · · · · · · · · · · · · · · · · ·
The rule being petitioned can	not be entirely satisfied because:	
		tic elevator it does not need
		000 when the book is rewritten
- 1 (A) C-	will be appeared in	ord with the cook is revitable.
	*	
te: Please attach any pictures, pla	ns, or required position statements.	
Y A REVIEW FEE AND Allote: Petitioner must be the owner.	NY REQUIRED POSITION STA	ntractors, attorneys, etc. may not sign the
lex McKenzie		
Print name of owner	, being duly sworn, I stat	e as petitioner that I have read the foregoing
ition, that I believe it to be true,	and I have significant ownership rights	s in the subject building or project.
	AAADA L DATTEDOG	
nature of owner		subscribed and sworn to before me this
My Moleyi	radially i abile	date: JUNG 11, 2016
tary public	State of Wisconsin	My commission expires:
Mara 1 Print		8/21/2011
I WWW. of ITTUNED	16	0101120110

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

Owner's Information:	Project Location:	Plan Number
Sugar Maple Lane LLC	9614 Red Forest Lane	
1910 Hawk's Ridge Dr	Madison, WI 53593	
Suite 322		
Madison, WI 53593		

madison, WI 33333					
Fire To be completed for fire or life-safety rela	e Department Position Statemented variances requested from SPS 361- related requirements.				
IBC 3004.1 Hoistway Venting-Omit from	project				
I have read the application for variance X Approval Conditional Approva		•			
Explanation for recommendation including	any conflicts with local rules and regula	tions and suggested conditions:			
 MFD supports and has requested the 	nat the vents fo the elevator hoistways b	e omitted from the project. Research			
has shown that venting an elevator	r hoistway may cause the hoistway to a	ct like a chimney and has the potential			
to draw a fire into the elevator shaft as fire seeks oxygen to continue to burn. If the vents are not approved to be					
removed, MFD askes that they be programmed to close on any smoke detector used for elevator recall activation					
fail closed upon loss of power, and manual override controls for firefighter control.					
Fire Department Name and Address City of Madison Fire Department					
Name of Fire Chief or Designee (type or print) Bill Sullivan, Fire Protection Engine	eer	Telephone Number 608-261-9658			
Signature of Fine Chief on Designed		Date Signed June 20, 2016			