VARIANCE FEES MGO \$50.00

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 Suite 017 Madison, WI 53703 (608) 266-4568

Amount Paid \$ 490

110.		
Name of Owner	Project Description	Agent, architect, or engineering firm
Jessica Grann	Alteration of existing single occupant	6-story Strang Inc
Company (if applies)	building.	No. & Street
No. & Street	Tenant name (if any) N/A	811 E. Washington Ave, STE 200 City, State, Zip Code
d East Glma St. City, State, Zip Code	Building Address	Madison, WI 53703
Madison Let 53703	2 E. Gilman St	Phone 608-276-9200
1608-257-5612		Name of Contact Person Austen Conrad
e-mail nglic.com		e-mail
1. The rule being petitioned reads as follows: (Cite the specific rule number and language. Also, indicate the		
nonconforming conditions for you	ur project.)	mber and language. Also, indicate the
Exit passageway opening protectives shall be in accordance	e with the requirements of Section 716.	
Except as permitted in Section 402.8.7, openings in exit pa exit passageway from normally occupied spaces and for e	ssageways other than unprotected exterior openings si	nall be limited to those necessary for exit access to the
Where an interior exit stairway or ramp is extended to an exit discharge or a public way by an exit passageway, the exit passageway shall comply with Section 1023.3.1.		
2. The rule being petitioned cannot be entirely satisfied because:		
The rule being petitioned is only relevant to 'Data Room 100B'. Alternative door opening locations for 100B are either cost prohibitive and/or not feasible due to the following: insurance restrictions. HVAC coefficients are insurance to the following: insurance restrictions.		
and/or not feasible due to the following: insurance restrictions, HVAC cooling equipment location, electrical panel locations, floor elevation differences, CMU wall demolition concerns, and business continuity concerns if servers need to be shut down for work within the room. See attached exhibit for additional information		
the room. See attached exhibit for additional information.		
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:		
All of the 100B walls abutting other rooms of the building will be 2-hr rated. Furthermore, the Owner is only requesting the variance		
be granted through 12/31/24. At which bo	int, the servers in 100B will be decomr	nissioned and the room will be renewated into a
meeting room with direct access from the	main lobby. Of note, as part of the cur	rent remodeling of the building outencing
improvements to life safety have been made including but not limited to: adding fire suppression to all areas outside of 100B		
adding fire/smoke dampers to the HVAC shafts, and improving the separation between the two stair towers.		
Note: Places ettack and it is a larger to the second of th		
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.		
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		
	Thave significant ownership rights	in the subject building or project.
Signature of owner		Subscribed and sworn to before me this
Male > (U)	Manual Manual	date: 12 (0.2) 2021
Notary public	THE POST MACE WALLE	My commission expires:
(Best LM acLeo2	NOTARL	2 19 22
NOTE: ONLY VARIANCES FOR COMMERCIAL CODES ARE REQUIRED TO BE NOTARIZED.		
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