## 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		11.
AL196 /	~ 72 - 1/-	XX

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Name of Owner	Project Description	Agent, architect, or engineering firm
Sugar Maple Lave LLC	_ 3 Story Apartment Bulder	5 TRMcKenzie Inc
company (if applies)	= 3 3(B) 4 81 00111	
o & Street	Tenant name (if any)	City, State, Zip Code
1910 Hawks Ridge Dr. Suite 3 ity, State, Zip Code	ಖ	Verona WI 53593
ity, State, Zip Code Ve.rona, wI 52593	Building Address 9619 fucient Otk Lane	Phone   GOS 848 OIK
hone		Name of Contact Person
608 848 0111	Verona WI 53593	Breft Myers-608 513 136
mail Hex OTRMcKenzie - com		BMyers OTR McKenzie. com
The rule being petitioned read	s as follows: (Cite the specific rule number	and language. Also, indicate the
nonconforming conditions for	our project.)	
Commercial Cook Vo	vance Cfor elevator Short 1	tentilection) Under 2015 Code
		•
The rule hairs a CC	at be a self-self-self-self-self-self-self-self-	
The rule being petitioned cann		100 100 11 100 11
		elevator it does not need
ventilation. The code	will be updated in 2000	when the book is rewritten.
2		
te: Please attach any pictures, plan	s, or required position statements.	
Y A REVIEW FEE AND AN	- PETITION IS VALID ONLY IF N IY REQUIRED POSITION STATEN of the building. Tenants, agents, contract	TENTS. tors, attorneys, etc. may not sign the
tex McKenzie	is submitted with the Petition for Variance	Application.
Print name of owner		petitioner that I have read the foregoing
Print name of owner ition, that I believe it to be true, a		petitioner that I have read the foregoing
	, being duly sworn, I state as and I have significant ownership rights in the MARA I PATTERSON	petitioner that I have read the foregoing ne subject building or project.
	, being duly sworn, I state as and I have significant ownership rights in the MARA L. PATTERSON	petitioner that I have read the foregoing ne subject building or project.
	, being duly sworn, I state as and I have significant ownership rights in the MARA L PATTERSON Substitute Notary Public	petitioner that I have read the foregoing ne subject building or project.
nature of owner  AMaley	nd I have significant ownership rights in the MARA L. PATTERSON  Notary Public  State of Wisconsin	petitioner that I have read the foregoing ne subject building or project.  scribed and sworn to before me this
gnature of owner  Out Mday	nd I have significant ownership rights in the MARA L. PATTERSON  Notary Public  State of Wisconsin	petitioner that I have read the foregoing ne subject building or project.
gnature of owner  Out Moleyi tary public  Nava 2. Vat	nd I have significant ownership rights in the MARA L. PATTERSON  Notary Public  State of Wisconsin	petitioner that I have read the foregoing ne subject building or project.  Scribed and sworn to before me this ommission expires:

Owner's Information:	Project Location:	Plan Number
Sugar Maple Lane LLC	9619 Acient Oak Lane	
1910 Hawk's Ridge Dr	Madison, WI 53593	
Suite 322		
Madison, WI 53593		
	<u> </u>	and the state of the first of the state of t

Fire To be completed for fire or life-safety rela	e Department Position Statement ated 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 regular	ions and suggested conditions:
<ul> <li>MFD supports and has requested the</li> </ul>	nat the vents fo the elevator hoistways be	e omitted from the project. Research
has shown that venting an elevator	or hoistway may cause the hoistway to ac	et like a chimney and has the potential
to draw a fire into the elevator sha	It as fire seeks oxygen to continue to bu	m. If the vents are not approved to be
removed, MFD askes that they be	programmed to close on any smoke det	ector used for elevator recall activation
fail closed upon loss of power, and	d 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 Engin	еег	Telephone Number 608-261-9658
Signature of Fire enter or Dasignee		Date Signed June 20, 2016

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