## VARIANCE FEES MGO \$50.00

COMM \$490.00 Priority - Double above

## PETITION FOR VARIANCE APPLICATION

City of Madison Building Inspection Division

126 S. Hamilton St. Madison, WI 53703 (608) 266-4568

|  | Amount Paid | 11-20-17 | Att |
|--|-------------|----------|-----|
|--|-------------|----------|-----|

| No. & Street 1929 WINNERAGO ST. Tenant name (if any) MINTMARK   | OF ELIST RE  | Amount life t   |
|---|--|---|
| No. & Street  1929  WINNERAGO ST.  SPACE  Tenant name (if any)  MINTMARK  |  | Agent, architect, or engineering firm   |
| No. & Street 1929 WINNERAGO ST. Tenant name (if any)  | NEW RESTOUR  | Mr JACOB MORRISON ALL   |
| 1929 WINNEBAGO ST. MINTMARK   |  | No. & Street<br>1933 KEYES AUE  |
|   |  | City, State, Zip Code   |
| City, State, Zip Code Building Address  |  | Phone Phone   |
| Phone   | NEBAGO ST.   | 608-370-7258  |
| 773-443-4840 Maasan, u  | JI 537114  | Name of Contact Person  |
|   | 7310   | le-mail   |
| The rule being netitioned sadd on follows (Oil 1)   |  | JACOB & MORRISON - STUDIO. COM  |
| The rule being petitioned reads as follows: (Cite the sononconforming conditions for your project.)   | specific rule numb   | er and language. Also, indicate the   |
| IBC 2009 - 1208.2 MINIMUM CLG   | HOIGHTE .  | 2   |
| KITCHEUS  | STORAL CO  | BATHROOMS, TOILET ROOMS,  |
| SHALL BE  | PERMITTED TO   | HAVE A CEILLY HEIGHT  |
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| TO TOM OF SYACE TO AND STA  |  |   |
| A HUNG, WASHARLE, CRIUNG TILE.  The following alternatives and supporting information.  | SYSTEM THE   |   |
| The following alternatives and supporting information health, safety, and welfare as addressed by the rule:   | are proposed as a  | means of providing an equivalent degree   |
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| ERIFICATION BY OWNER - PETITION IS VAI  | LID ONLY IF N  | OF MISCOMPANIED  OTARIZED AND ACCOMPANIED   |
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| ERIFICATION BY OWNER - PETITION IS VAL  | LID ONLY IF N  | OTARIZED AND ACCOMPANIED IENTS.   |
| ERIFICATION BY OWNER – PETITION IS VAI<br>Y A REVIEW FEE AND ANY REQUIRED POSI<br>te: Petitioner must be the owner of the building. Tenant<br>ition unless a Power of Attorney is submitted with the Pe   | LID ONLY IF NO ITION STATEN S, agents, contract tition for Variance  | OTARIZED AND ACCOMPANIED IENTS. iors, attorneys, etc. may not sign the Application.   |
| ERIFICATION BY OWNER – PETITION IS VAI<br>Y A REVIEW FEE AND ANY REQUIRED POS<br>te: Petitioner must be the owner of the building. Tenant<br>ition unless a Power of Attorney is submitted with the Pe  | LID ONLY IF NO ITION STATEN S, agents, contractition for Variance swom, I state as I   | OTARIZED AND ACCOMPANIED ITEMS.  Items attorneys, etc. may not sign the Application.  |
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Neighborhood Preservation & Inspection Division 126 S Hamilton St P.O. Box 2984 Madison, WI 53701-2984

## POSITION STATEMENT:

To be completed by Fire Marshall

| NAME OF CURIED   | BUILDING OCCUPANCY O               | DRINGE                      | AGENT, ARCHITECT OR ENGINEERING FIRM   |
|--|------------------------------------|-----------------------------|--|
| NAME OF OWNER  |                                    |                             |  |
| SEAN PHARR   | ZESTAUZIANT<br>TENANT NAME, IF ANY | , KITCHEN                   | ItCOTS MORRISON A1A  |
| COMPANY  |                                    |                             | 1933 KEYES AVE   |
| KCPV, Lic  | MINTMARZK                          | C OTDEFF                    | CITY, STATE, ZIP CODE  |
| NO. & STREET   | BUILDING LOCATION, NO              |                             | The second secon |
| 1929 WINNETSAGO ST.  | 1929 WINNE                         | BAGO ST.                    | MADISON, WI 53711  |
| CITY, STATE, ZIP CODE  | CITY, COUNTY                       |                             | PHONE  |
| MWV(SON, W) 5370 4  1. I have read the petition for variance of rule:  | MADISON,                           | DANE                        | 1608)320-2258  |
| 1. I have read the petition for variance of rule:  | 1208.2 (3                          | 2009 (BC)                   |  |
| 2. I RECOMMEND (check appropriate box):  |                                    | Conditional Appr            | roval No Comment   |
| C. F. L. S. F. D   |                                    |                             |  |
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| Day of the state o |                                    |                             |  |
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|  |                                    |                             |  |
| *If desired, Fire Departments may indicate *No Co  | omment on non-fire safety is       | sues such as sanitary,      | energy conservation, structural, barrier free  |
| environments, etc.   |                                    |                             |  |
| 4. I find no conflict with local rules and regu  | lations                            | the netition is in conflict | with local rules and regulations.  |
| 4. — I find no connect was rocal roles and regul   | anons.                             | ole pedderi le ili derille  |  |
| Explanation  |                                    |                             |  |
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| Transaction of the Control of the Co |                                    |                             |  |
|  |                                    |                             |  |
| Signature of Fire Chief  |                                    |                             | Date   |
| In a   |                                    |                             |  |
|  |                                    |                             | 11-16-17   |

Please complete and submit promptly to the Neighborhood Preservation & Inspection Division at the address shown above.