VARIANCE FEES MGO \$50.00

COMM \$490.00 Priority - Double above

PETITION FOR VARIANCE **APPLICATION**

MAR 0 2 2018

City of Madison

Building Inspection Division 126 S. Hamilton St.

Madison, WI 53703

Amount Paid	MA	Madison, WI 53703	
\$50 3.6.18 H	****	DISON FIRE DEPARTMENT (608) 266-4568 ADMINISTRATION	
Name of Owner	Project Description	Agent, architect, or engineering firm	-
Compass Paniels, CLL	Generator for new	Specialized Electric	
Company (if applies)	office buildout	No & Street	-
No. & Street HE MIFFUN St SAITE 304	Tenant name (if any)	City, State, Zip Code	1
City, State, Zip Code	BMO Harris	Phone	
MUDISON WI 53703	3357 Daniel Stort 25	0/ 608-845-8484	
Phone 608-294-9400	Modison, Wi	Name of Contact Person Kenneth Berg	
e-mail Shuldon Occompass properties.		e-mail Wibero @ specialized elector	~
1. The rule being petitioned reads	as follows: (Cite the specific rule n	imber and language. Also, indicate the	
nonconforming conditions for yo	ur project.)		
MGO 34.604 On	site fuel supply		-
	300,712		
2. The rule being petitioned cannot			
	apply is quallable		_
a) MGO is being on	nited in the man tu	1406	_
3. The following alternatives and si	upporting information are proposed	as a means of providing an equivalent degree	-
health, safety, and welfare as ac	ddressed by the rule:	as a means of providing an equivalent degree	U
	1 6		-
Natural gas fuel	chools from HETE	with separate exterior	nedegos.
ualue and	extention piping to	extenier generator.	and a
See attached do	owlike	•	-

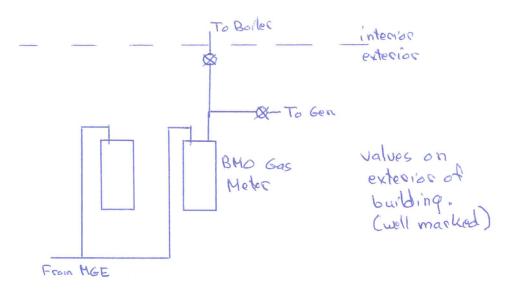
			annie.
			Dilber.
Note: Please attach any pictures, plans,	or required position statements		-
Treat day plotates, plans,	or required position statements.		-
VERIFICATION BY OWNER -	PETITION IS VALID ONLY	IF NOTARIZED AND ACCOMPANIED	
BY A REVIEW FEE AND ANY	REQUIRED POSITION ST	TEMENTS	1
Note: Petitioner must be the owner	of the building. Tenants, agents, c	ontractors, attorneys, etc. may not sign the	
petition unless a Power of Attorney is	s submitted with the Petition for Va	riance Application.	
Compass Parale 11	holing duly givern Late	As an addition of the file of the state of t	
Print name of owner	, being duly sworn, i sta	te as petitioner that I have read the foregoing	
petition, that I believe it to be true, ar	nd I have significant ownership righ	ts in the subject building or project.	
Signature of owner		Subscribed and sworn to before me this	
511		date: March 1, 2018	
Notary public			
Notary public M. Kundler,		My commission expires:	
the m. druster.		12/26/2020	

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



SPECIALIZED ELECTRIC INC.

1041 Thousand Oaks Trail Verona, WI 53593 608-845-8484 Fax 608-845-8485



proposed generals 2537 Daniels Street Madison

Generator providing life safety for BMC area only New Generator BMO

Block Wall

utility

Exist Generator

City of Madison Fire Department Position Statement

Owner:	Project Name:	Contact: Kenneth Berg
Compass Daniels, Inc	BMO Harris	Specialized Electric
Address: 44 E Main St Suite 304 Madison, WI 53703	Building Location: 2537 Daniels Street Madison, WI	Address: 1041 Thousand Oaks Trail Verona, WI 53593
Owner Phone: 608-294-9400 Email: sheldon@compassproperties.com	Building Occupancy or Use: Group B Office	Phone: 608-845-8484 Email: kberg@specializedelec.com

Rule Being Petitioned: MGO 34.604 Emergency Standby Power fuel source

City of Madison Fire Department

Signature of Fire Chief or D

I have read the application for variance and recommend: (check appropriate box) □ Approval X Conditional Approval □ Denial □ No Comment	
 MGO 34.604 was intended to be applied to high-rise buildings and at the time the ordinance was 	as created, only
high-rise buildings were required to have an emergency power source.	
This building is not a high-rise building	
MFD supports the approval based on a dedicated supply line serving the emergency generator	only.
Permanent, all-weather signage shall be provided indicating that the supply line serves only the	emergency
generator.	
Gas piping serving the generator inside the building shall be labeled as an emergency supply li	ine only and shall
not be used to serve any other equipment. Labeling shall be every 10-ft or each piece of pipe	whichever is
greater.	
Name of Fire Chief or Designee (type or print)	VINE COLUMN TO A DESCRIPTION OF THE PROPERTY O
Bill Sullivan, Fire Protection Engineer	

Telephone Number 608-261-9658

Date Signed
March 5, 2018