

VARIANCE I.D. \_\_\_\_\_

APPLICATION FOR VARIANCE TO  
STATE FIRE CODE

DATE: \_\_\_\_\_

SUBMITTER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

ORGANIZATION REPRESENTED: \_\_\_\_\_

BUILDING: \_\_\_\_\_

OWNER OF BUILDING: \_\_\_\_\_

LOCATION: \_\_\_\_\_

Fire Safety Requirement: (State the specific firesafety requirement in question)

Variance Requested: (State the problem(s) and substantiation or justification for variance)

\_\_\_\_\_  
SIGNATURE OF SUBMITTER

MAIL TO: STATE FIRE MARSHAL'S OFFICE  
1207 QUARRIER STREET, 2ND FLOOR  
CHARLESTON WV 25301