



Variance Application

San Jose Fire Department
Bureau of Fire Prevention
200 E. Santa Clara St., 2nd Fl. Tower
San Jose, CA 95113-1905
Phone: (408) 535-7750
Fax: (408) 292-6067

Fee required: Hourly Rate (min. 3 hours) \$690.00

Fees must be submitted with application

Plan Check# _____

Associated Folder# (Permit#) _____

PROJECT INFORMATION

Project Name: _____

Address: _____ City: _____ Zip: _____

Type of Construction: _____ Sprinklered: Yes No

Building Floor Area: _____ Tenant Area: _____ Number of stories: _____

Describe Use: _____

1. Code Requirement (Include code reference)

2. Variance Proposed (A brief description shall be included even if additional documents are attached)

3. Justification (A brief description shall be included even if additional documents are attached)

APPLICANT INFORMATION

Requested by (Print Name) Signature _____ / ____ / ____
Date

Mailing Address: _____ City: _____ Zip: _____ Phone: () _____ - _____

Note: Attach plans showing the details of the proposed variance and copies of any reference, test reports, expert opinion, etc. **Submit all documents, including plans in 11x17 or 8.5x11 format.** The Fire Chief may require that a consultant be hired by the applicant to perform all applicable test, research and analysis and submit a full report of evaluation to the Fire Department for consideration and approval.

Additional City requirements or notes: _____

Reviewed by Inspector/Engineer Fire Marshal Signature Denied
Approved _____ / ____ / ____
Date