Commonwealth of Massachusetts
Division of Professional Licensure
Board of State Board of Examiners of Plumbers and Gas Fitters
1000 Washington Street • Boston • Massachusetts • 02118-6100

VARIANCE FROM STATE PLUMBING CODE

PRE-INSTALLATION

$86.00 application fee payable to "Commonwealth of Massachusetts"

DO NOT USE THIS APPLICATION IF PLUMBING WORK HAS BEEN COMPLETED

PLEASE PRINT CLEARLY

(Section1) APPLICANT INFORMATION:

Applicant Name:		Firm Name (if applicable):		Date:
Title or Position with Firm (if applicable):		Type of Work: New Construction: ◉ Renovation: ○		
Street Address:		City/Town:	State:	Zip Code:
Cell Phone:	Work Phone:	Email:		

ALL OF THE FOLLOWING ITEMS MUST BE INITIALED. IF LEFT BLANK, THE FORM WILL BE DEEMED INCOMPLETE AND WILL NOT BE ACCEPTED.	
1. I have included with this application **written documentation** that the local Board of Health has been petitioned regarding this variance request.* (Variance requests for City of Boston must include petition to Inspectional Services) Note: No Board of Health petition is required for buildings owned, used or leased by the State of Massachusetts.	INITIAL BELOW
2. I have included all necessary supporting documentation regarding this variance request.	INITIAL BELOW
3. I have included a non refundable check for $86.00 payable to the Commonwealth of Massachusetts. Note: No payment is required for buildings owned, used or leased by the State of Massachusetts.	INITIAL BELOW
4. The unusual or extraordinary circumstance or established hardship that warrants special terms or conditions is clearly stated in (Section 5) on the second page of this application	INITIAL BELOW
5. I understand that this variance request is for one instance at the location information stated in (Section 3) of this application.	INITIAL BELOW
6. I certify that the plumbing work relevant to the information stated in (Section 5) has not yet been performed.	INITIAL BELOW

* "Additionally, any response by the Board of Health or Health Department must be provided, however, the Board may waive this requirement so long as the petition was made in a timely manner."

(Section 2) OWNER OF THE PROPERTY WHERE THE VARIANCE IS LOCATED: (Please leave blank if information is the same as in Section (1))

Individual Name:		Firm Name (if applicable):		
Street Address:		City/Town:	State:	Zip Code:
Cell Phone:	Work Phone:	Email:		

(Section 3) LOCATION OF VARIANCE: (Please leave blank if this information is the same as in Section (2))

Name of proposed or current occupier of the building:		
Street Address:	City/Town:	Zip Code:

(Section 4) ADDITIONAL INFORMATION:

Plumber's Name (if available):	Plumbing Firm Name (if available):	Work Phone:
Name of Plumbing Inspector:	Date Inspector was informed of this Variance Request:	
Plumbing Code Section(s) Relevant to this Variance Request:		
Has Plumbing Work Begun at the Location of this Variance Request: Yes: ☐ No: ☐	Date Work Began:	

(Section 5) VARIANCE INFORMATION: (Please explain in detail the established hardship relative to this variance request)

☐ By checking this box - I hereby certify under pains and penalties of perjury that the information entered on this application request, including supporting documentation, is true and accurate and is filed in accordance with Chapter 142, section 13 of the General Laws and 248 CMR, the Massachusetts State Plumbing Code. I certify that all work performed prior to this request for a variance meets the requirements of 248 CMR and that I am only seeking a variance for work that has not yet commenced. I also certify that I understand that this is a request for the Board to allow an exception to the requirements of the Massachusetts State Plumbing Code and does not constitute an appeal of an inspector's decision.

Signature of Applicant _____ **Date:** _____