



CONSTRUCTION HOURS VARIANCE REQUEST

(PLEASE PRINT)

Contractor Name: _____

Company D/B/A Name: _____

Job site address: _____

Permit #: _____

Scope of work requiring variance: _____

If concrete/cement, how many yards: _____

Date exemption is needed: _____

Time needed: Start _____ End _____

Contact telephone during event: _____

Reason variance is needed: _____

I understand that this variance is for the date and job named above only. Any future needs for this job or and other, will be requested separately.

Signature-Qualifying Contractor

Date Signed

Approval of this variance request is: granted denied

Building Official

Date Signed