



The Commonwealth of Massachusetts
 Division of Registration
BOARD OF STATE EXAMINERS OF PLUMBERS AND GAS FITTERS
 239 Causeway Street □ Boston, MA 02114
 Forms available at <http://www.state.ma.us/reg/boards/pl/forms.htm>

APPLICATION FOR VARIANCE FROM STATE PLUMBING CODE
\$50.00 FEE PAYABLE TO THE COMMONWEALTH OF MASSACHUSETTS

1. Name Of Applicant _____
 (Print Clearly)

2. Address Of Applicant _____

3. Title Or Position _____

4. Daytime Telephone Number: _____

5. A- Location Of Variance Request _____

B- Name and Address of Present Property Owner _____

6. Name And Address Of Proposed Or Current Occupier (Tenant) Of Building Where Variance Is Requested _____

6. Names Of Other Parties Involved Including:

Engineers _____

Contractors _____

Plumbers _____

Provide A Brief Description Of The Requested Variance With The Applicable Section Of The Code And Attach Plans

7. Reason(s) For Requesting This Variance. State All Hardships: _____

