

Variance Request Form

City of Indianapolis Sanitary District Standards

Project Name:	Case Number:	Date:
Applicant:	Company:	Phone Number:

Applicable Section and requirement of the Standards variance is requested for:

Specific request:

Reason standard or regulation is unfeasible or unreasonably burdensome (Sec. 102.12.1):

Alternate plan to achieve the same objective and purpose (Sec. 102.12.2):

Does alternative plan increase cost to the City? (Sec. 102.12.3): Yes No

For City Use Only

Approved <input type="checkbox"/> Denied <input type="checkbox"/> Additional Information Needed <input type="checkbox"/>	DMD Contact:	Date Received:
--	--------------	----------------

Reviewer Comments:

Signed:	Date:
---------	-------