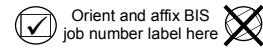




Accessibility Waiver Request



Must be typewritten.

1	Filing Information
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Job number _____

2	Location Information
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Borough	Block	Lot(s)	BIN	C.B. No.
House No(s)	Street Name		Apt/Condo No(s).	
Special Place Name			Floor(s)	

3	Applicant
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Last Name	First Name	M.I.	
Business Name		Business Phone	
Address	City	State	Zip
<input type="checkbox"/> P.E.	<input type="checkbox"/> R.A.	Email	Lic. No.

4	Objections (Use one line for each objection. Attach additional sheets if necessary).
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5	Basis of Waiver per § 1101.3.5 of the Building Code
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5A	Unnecessary in light of alternative	Entails a change so slight/negligible benefit	Not achieve intended objective	Seal
	Economic Burden	Physically or legally impossible		
5B	Explanation of basis - Discuss each basis separately. Number of pages attached.			
5C	Cost estimates and drawings must accompany a waiver request based on economic burden. Attached <input type="checkbox"/> Yes <input type="checkbox"/> No			

6	Applicant's Signature
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Applicant Name	Signature
Title	Date

7	Recommendation by Mayor's Office for People with Disabilities (MOPD) - 100 Gold Street 2nd floor 212-788-2830
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Comments and recommendations (Attach letter if necessary)

MOPD Representative Signature

Date

8	Department's Determination (For office use only)
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☐ MOPD recommendation should not be accepted. Refer to Assistant Commissioner for Technical Affairs.

Borough Commissioner/Plan Examiner (Please print):

Signature	Date
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