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Request for Variance

Plumbing/Gas Inspections Section 6911 No. 3 Road, Richmond, BC V6Y 2C1

Fax: 604-276-4063

This Request for Variance must only be completed and signed by the person in charge (see *Table of Valid Applicants*) of the regulated work where the variance is being requested. It is an offence to knowingly provide false information on this document.

Note: This Request for Variance is being made to the Richmond Building Approvals Department pursuant to Section 32 of the Safety Standards Act. The information on this form is collected to administer the provisions of the Safety Standards Act and will be used to process your request for a variance. If you have any questions about the collection, use, and disclosure of this information, contact the City of Richmond Building Approvals Department at telephone 604-276-4000.

If this Request for Variance is refused or if a variance is issued to you with terms and conditions that you do not agree with, you may request in writing, that this decision be reviewed by the Safety Manager in accordance with Section 49 of the Safety Standards Act.

Applicant:

Name:		Title:
Qualification and I.D. # (if applicable	e) (e.g., TQ/CQ/P.Eng/AscT/Otł	ner – specify):
Telephone:		Email address (if applicable):
Employer Information: Name of Employer:		
Address of Employer:		
City:	Province:	Postal Code:
Telephone:		Email Address (if applicable):
Complete address where the var	iance is requested to be i	n place (if requested for mobile/portable equipment, tc.):
Gas Equipment Gas System	 Pressure Piping Boiler System 	following type of regulated product (choose one):

This form must be submitted to the Safety Manager or Safety Officer

Identify the safety objectives, by section as specified above, of the applicable regulations and codes:

Specify the alternative means by which it is proposed to meet the safety objectives:

Provide any evidence that the alternative will meet the objectives identified:

I certify that I am the person in charge of the work described in this Request for Variance and am authorized to make this request on behalf of my employer. I agree to indemnify and save harmless the City of Richmond against all claims, liabilities, judgements, costs and expenses of whatsoever kind which may accrue against the City of Richmond in connection with any work under the authority of this Request for Variance.

Signature:_____ Date:_____

Table of Valid Applicants

A variance must be filled out by the person in charge of the work or product to which the variance would apply. The following are the valid applicants per job type:

Job Type	Valid Applicant
GA Contractor Installation Permit	Gas Fitter
GA Homeowner Installation Permit	Applicant
GA Replacement Water Heater Installation Permit	Gas Fitter
GA = Gas	

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