



Town of Brookline
Department of Public Health

11 Pierce Street ▪ Brookline, MA 02445
 Phone (617) 730-2300 Fax (617) 730-2296

VARIANCE FROM STATE PLUMBING CODE
PRE-INSTALLATION

\$60.00 application fee payable to "Town of Brookline"

DO NOT USE THIS APPLICATION IF PLUMBING WORK HAS BEEN COMPLETED

PLEASE PRINT CLEARLY

(Section 1) APPLICANT INFORMATION:

Applicant Name:		Firm Name (if applicable):		Date:	
Title or Position with Firm (if applicable):		Type of Work:			
		New Construction <input type="checkbox"/>		Renovation <input type="checkbox"/>	
Street Address:		City/Town:		State:	Zip Code:
Cell Phone:	Work Phone:	Email:			

ALL OF THE FOLLOWING ITEMS MUST BE INITIALLED. IF LEFT BLANK, THE FORM WILL BE DEEMED INCOMPLETE AND WILL NOT BE ACCEPTED	
1. I have included with this application <u>written documentation</u> that the local Board of Health has been petitioned regarding this variance request.* Note: Board of Health petition is required for buildings owned, used or leased by the State of Massachusetts.	INITIAL BELOW
2. I have included all necessary supporting documentation regarding this variance request.	INITIAL BELOW
3. I have included a non-refundable check for \$60.00 payable to the Town of Brookline. Note: No payment is required for buildings owned, used or leased by the State of Massachusetts.	INITIAL BELOW
4. The usual or extraordinary circumstance or established hardship that warrants special terms or conditions is clearly stated in (Section 5) on the second page of this application.	INITIAL BELOW
5. I understand that this variance request is for one instance at the location information stated in (Section 3) of this application.	INITIAL BELOW
6. I certify that the plumbing work relevant to the information stated in (Section 5) has not yet been performed.	INITIAL BELOW

* "Additionally, any response by the Board of Health or Health Department must be provided, however, the Board may waive this requirement so long as the petition was made in a timely manner."

(Section 2) OWNER OF THE PROPERTY WHERE THE VARIANCE IS LOCATED: (Please leave blank if information is the same as in Section 1)

Individual Name:		Firm Name (if applicable):	
Street Address:		City/Town:	State: Zip Code:
Cell Phone:	Work Phone:	Email:	

(Section 3) LOCATION OF VARIANCE (Please leave blank if this information is the same as in Section 2)

Name of <u>proposed</u> or <u>current occupier</u> of the building:		
Street Address:	City/Town:	Zip Code:

(Section 4) ADDITIONAL INFORMATION:

Plumber's Name (if available):	Plumbing Firm Name (if available):	Work Phone:
Name of Plumbing Inspector:	Date Inspector was informed of this Variance Request:	
Plumbing Code Section (s) Relevant to this Variance Request		
Has Plumbing Work Begun at the Location of this Variance Request: Yes <input type="checkbox"/> No <input type="checkbox"/> Date Work Began:		

(Section 5) VARIANCE INFORMATION: (Please explain in detail the established hardship relative to this variance request)

By checking this box – I hereby certify under pains and penalties of perjury that the information entered on this application request, including supporting documentation, is true and accurate and is filed in accordance with Chapter 142, section 3 of the General Laws and 248 CMR, the Massachusetts State Plumbing Code. I certify that all work performed prior to this rrequest for a variance meets the requirements of 248 CMR and that I am only seeking a variance for work that has not yet commenced. I also certify that I understand that this is a request for the Board to allow an exception to the requirements of the Massachusetts State Plumbing Code and does not constitute an appeal of an inspector's decision.

Signature of Applicant _____ Date: _____