



N.C. Department of Labor
 Elevator and Amusement Device Bureau
 1101 Mail Service Center
 Raleigh, North Carolina 27699-1101

VARIANCE REQUEST FORM

Requestor's Name: Last	First	Position/Title	
Company Name:	Street	City	State ZIP
E-mail Address	Date Submitted	Telephone	
Project/Bldg Name			
Physical Street Address		City	County
NCDOL's STATE ID#		Code Section	

Reason Variance Requested

Supporting Documentation

Attach or e-mail supporting photos/drawings to dol.elevatormail@labor.nc.gov and refer to this NCDOL State ID number.

Pursuant to 13 NCAC 15 .0107, the Director of the N.C. Department of Labor, Elevator and Amusement Device Bureau may at his/her discretion grant exceptions from the requirements of the Elevator Safety Act of North Carolina. Thus, after reviewing your request, it is the decision of the Director that this variance be approved or denied if determined that the exception requested will or will not provide equivalent safety to the original design or device pursuant to 13 NCAC 15 .0107.

Please note the validity of this electronic variance request is contingent upon the requestor's adherence with the provisions contained in this original variance and additional documentation provided as submitted and stamped approved. Any deviations from the original request will prompt a revocation of the permission granted by the N.C. Department of Labor, Elevator and Amusement Device Bureau.

Requestor will receive via email this request with an electronic stamp: denied or approved and date thereof.