

Program Manager
Industry Inspection Bureau
1220 Washington Ave.
Building 12, Room 169
Albany, New York 12226-0100
(518) 457-1327



Variance Application Recommendation Report

Company name and address: _____

City: _____ State: _____ Zip: _____

DBA: _____ FEIN: _____ - _____

Site location: _____

Contact name: _____ Title: _____

Main phone: (____) ____ - ____ Second phone: (____) ____ - ____

Email: _____ Website: _____

Jurisdiction: _____ Other: _____

Municipality: _____ County: _____

Type of visit: _____ Other: _____ Page: ____ of: ____

Orders issued to:

Premises affected:

Order numbers: _____ Orders issue date: ____ / ____ / ____

Petition number: _____ Petition date: ____ / ____ / ____

Petitioners legal standing: _____ Other: _____ Date of investigation: ____ / ____ / ____

Are hardships or difficulties valid as stated? Yes No

Will granting this variance be within the spirit and intent of the law? Yes No

Recommendations:

Name: _____ Date: ____ / ____ / ____