



VERMONT DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE SAFETY
 Office of the State Fire Marshal, State Fire Academy and State HAZMAT Team
firesafety.vermont.gov



CONVEYANCE VARIANCE REQUEST FORM

V-tel:	Site Number:	Site Name:
Site Address:		

Contact Person:	Position:	
Address:		
City:	State: Zip:	E-mail:
Phone Number:	Fax:	

Reason for Request ► CODE SECTION(S): _____

Proposed Alternative Solution Photos Attached Recent Insp Rpt Attached Other Attachments

Signature of Applicant: _____ **Date:** _____

Mail completed form to: **Division of Fire Safety – Central Office**
 1311 US Rte 302 – Suite 600 Berlin
 Barre, VT 05641
 Phone: (802) 479-7564 Fax: (802) 479-7562

Approved **Not Approved** **Additional Info Required** **Additional Action Required**

Date Reviewed:	
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