



APPENDIX H

DESIGN GUIDELINE VARIANCE REQUEST FORM

(Please Type or Print)

Date:	Project Name:
Submitted by:	State Proj. No.
Firm:	Facility:
Address:	Facility Address:
Phone:	
Fax:	
Email:	

SPECIFICATION DIVISION & ITEM No. : (Item From the Design Guideline Manual)

VARIANCE REQUEST:

BASIS FOR VARIANCE REQUEST:

DOCUMENTATION OF NEED:

(Attach photographs/information that substantiates the need for this variance)

Submit to: State Project Manager