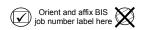


## Accessibility Waiver Request



Must be typewritten.

4 Filian Inf				•		
1 Filing Information						
Job number						
2 Location In	formation ————					
Borough		Block	Lot(s)	BIN	C.B. No.	
House No(s)			Street Name		lo No(s).	
Special Place Name Floor(s)						
3 Applicant						
Last Name	Last Name		First Name		M.I.	
Business Nan	ne			Business Phone		
Address			City	State	Zip	
P.E.	R.A. E	Email		Lic. No.		
4 Objections (Use one line for each objection. Attach additional sheets if necessary).						
5 Basis of Waiver per § 1101.3.5 of the Building Code						
5A Unnecessar	Unnecessary in light of alternative Entails a change so slight/negligible benefit Not achieve intended objective Seal					
Economic B	Economic Burden Physically or legally impossible					
	B Explanation of basis - Discuss each basis separately. Number of pages attached.					
Cost estimates and drawings must accompany a waiver request based on economic burden. Attached Yes No						
6 Applicant's Signature						
Applicant Name		Signature			]	
Title	Title		Date			
7 Recommendation by Mayor's Office for People with Disabilities (MOPD) - 100 Gold Street 2nd floor 212-788-2830						
Comments and recommendations (Attach letter if necessary)						
Comments and	. Joonnine Iualions (Attac	iottor ii ricocoodry)				
MOPD Representative Signature Date						
8 Department's Determination (For office use only)						
MOPD rec	ommendation should not	be accepted. Refer to Assistan	t Commissioner for Technic	cal Affairs.		
	issioner/Plan Examiner (	. ,				
Signature		Date				