

Local Law 58 of 1987 Accessibility Waiver Request

Application Must Be Typewritten

Internal Use
Job Number
(Affix Label)

1 Filing Information
Job number

2 Location				
Borough	Block	Lot(s)	BIN	C.B. No.
House No(s).	Street Name	Apt/Condo No(s).		
Special Place Name			Floor(s)	

3 Applicant				
Last Name		First Name		M.I.
Business Name				Business Phone ()
Address		City		State ZIP
P.E.	R.A.	Other:		Lic. No.

4 Objections (Use one line for each objection. Attach additional sheets if necessary)	

5 Basis of Waiver per § 27-292.6 of Building Code				Seal
5A	Unnecessary in light of alternative	Entails a change so slight/negligable benefit	Not achieve intended objective	
	Economic Burden	Physically or legally impossible		
5B Explanation of basis -- Discuss each basis separately. Number of pages attached _____				
5C Cost estimates and drawings must accompany a waiver request based on economic burden. Attached Yes <input type="checkbox"/> No <input type="checkbox"/>				
6 Applicant's Signature				
Applicant Name		Signature	Date	
Title				

7 Mayor's Office for People with Disabilities (MOPD) -- 100 Gold Street 2nd floor (Telephone Number 212-788-2830)	
Comments and recommendations (Attach letter if necessary)	
MOPD Representative Signature	Date

8 Department's Determination (For office use only)	
MOPD recommendation should not be accepted. Refer to Assistant Commissioner for Technical Affairs.	
Borough Commissioner/Plan Examiner (Please print):	
Signature	Date