

Elevator Safety Board - Waiver Request Form

Notice: The Board does not have the authority to waive a statutory requirement. A waiver suspends the requirements of a rule for the specific circumstances of an identified person. A waiver may not apply to unknown persons. If you seek blanket authorization for equipment to be installed in Iowa, please file a petition for rulemaking instead of this form.

The board cannot grant a variance from an accessibility requirement. Accessibility requirements for elevators are enforced by the Department of Public Safety and local jurisdictions. For more information, call 515-725-6154 or visit <http://www.dps.state.ia.us/fm/building/index.shtml>.

You may wish to consult an attorney before completing this document. For more information, please read the elevator board's rules on waivers and variances at 875 Iowa Administrative Code Chapter 66.

In order to ensure consideration by the board please complete this entire form. Any supporting documents should accompany this form. This form must be signed and dated.

Your name: _____ Your title: _____

Name of your company: _____

Your phone number: (_____) _____ - _____

Your e-mail address: _____

Your address: _____
(Street or PO Box)

(City) (State) (Zip Code)

Conveyance Owner: _____

Conveyance Location: _____
(Street or PO Box)

(City) (State) (Zip Code)

Conveyance Manufactured Date: _____ Applicable Code Year: _____

Please check the box that best describes the project:

- A new conveyance is being installed as part of a larger building renovation.
- A new conveyance is being installed in a new addition.
- A new conveyance is being installed in a new building.
- A new conveyance is replacing an existing conveyance.
- An existing conveyance is being repaired or upgraded in conjunction with a larger construction project.
- An existing conveyance is being repaired or upgraded in the absence of a larger construction project.
- An existing conveyance is being moved to a new location.

State ID# of conveyance to be installed _____ (if assigned)

State ID# of conveyance to be altered, removed, or moved _____

What is the total estimated cost of the project? \$_____

What is the total cost of work planned on the conveyance? \$_____

What is the cost of complying with the rule(s) you wish to have waived? \$_____

Are the requirements you wish to have waived specifically mandated by statute? If yes, the board does not have authority to waive the requirements.

Yes No

Does this petition relate to a pending contested case or other legal proceeding? If so, the petition must be filed in that proceeding.

Yes No

Please indicate whether this is a request for a temporary waiver or a permanent waiver.

Temporary Permanent

If this is a request for a temporary waiver, please give the desired end date for the waiver.

If this is a request for a permanent waiver, do you believe a temporary waiver would be infeasible?

Yes No

If yes, please describe why.

Describe and cite to the rule or rules you wish the board to waive.

Describe the exact waiver or variance desired, including scope.

Describe how complying with the rule would result in undue hardship to you with respect to the building or structure itself.

Describe how complying with the rule would result in undue hardship to your activities within the building.

Describe how complying with the rule would result in undue hardship to your business or organization.

Describe how complying with the rule would result in undue hardship to you with respect to compliance with other laws, rules, or requirements.

Provide any additional facts, circumstances, data, research or argument supporting your claim that compliance with the rule would create an undue hardship on you.

Will substantially equal protection of the public health, safety, and welfare be provided if the waiver is granted?

Yes No

If so, please describe exactly how protection will be provided.

Do you believe a waiver would prejudice the substantial legal rights of any person?

Yes No

If yes, please identify the person and how the person's rights might be prejudiced. If not, please describe why not.

Describe previous contacts with the Iowa Division of Labor or any other governmental agency regarding the equipment at issue.

Provide any information you have regarding how the board has handled similar requests in the past.

Provide the name, address and telephone number of any person, entity, public agency or governmental body that might be affected by this waiver.

Provide the name, address, and telephone number of anyone with relevant knowledge regarding the variance or waiver request.

If an attorney is handling this variance request for you, provide the attorney's name, address and telephone number.

Email this form with copies of any supporting documents and/or photos regarding the waiver request to: elevators@iwd.iowa.gov.

Questions? Please call 515-725-2058.

Mailing Address:
Department of Inspections, Appeals, & Licensing
Elevator Safety Board
6200 Park Avenue, Suite 100
Des Moines, Iowa 50321

The information provided in this petition is true and accurate to the best of my knowledge. I hereby authorize persons with information relevant to this waiver request to release information to the board. I understand the Elevator Safety Board does not have the authority to waive rules of the Iowa Department of Public Safety or the requirements of any local jurisdiction.

Your signature

Date