



Accessibility Waiver Request

Orient and affix BIS job number label here

Must be typewritten.

1 Filing Information

Job number

2 Location Information

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
<input type="checkbox"/> P.E.	<input type="checkbox"/> R.A.	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	Unnecessary in light of alternative	Entails a change so slight/negligible benefit	Not achieve intended objective	Seal
	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 <input type="checkbox"/> Yes <input type="checkbox"/> No			

6 Applicant's Signature

Applicant Name	Signature
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)

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 _____