

## **STATE OF IDAHO**

## DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES 11341 W CHINDEN BLVD BLDG 4 - BOISE ID 83714

(208) 332-7134 - safety@dopl.idaho.gov

dopl.idaho.gov



	LTERNATE CONSTRU	JCTION OR MATERIALS R	EQUEST	
REQUESTING OWNER/COMPANY:			DATE:	
CONTACT NAME:		PHONE:		
STATE ID:	EMAIL:			
BLDG NAME & ADDRESS:				
CODE REQUIREMENTS:				
*Attach any additional paperwork		MATERIALS REQUESTED	<u>):</u>	
REVIEWER:	RECOMMENDATION:			
Elevator Inspector		ve w/ Modifications Disapp	rove	
SIGNATURE:	<u> </u>	w w wodinodions bisapp	1070	
DISPOSITION:	☐ APPROVE	☐ APPROVE WITH MODI	FICATIONS DISAPPROVE	
Elevator Program Supervisor			Date	

**NOTICE:** The approval of this variance does not constitute agency policy nor does it set precedent. Variances are site/time-specific and cannot be applied to projects or installations that are not named in this letter. By granting this variance the Division of Occupational and Professional Licenses assumes no liability for damage to life or property that may result from this installation.