

CALGARY OFFICE
209 – 264 Midpark Way SE., Calgary, AB T2X 1J6
Phone: (403) 216-5750
Fax: (403) 216-5755



EDMONTON OFFICE
104, 8616 51 Ave Edmonton, AB T6E 6E6
Phone: (780) 448-0184
Fax: (780) 448-0237

VARIANCE REQUEST

Date: _____

Page ____ of ____
(attach additional pages if necessary)

Person Requesting Variance:

Name: _____ Position: _____

Company Name: _____

Address: _____

City / Province: _____ Postal Code: _____

Applies to (check one):

- | | | | |
|--|------------------------------------|--|---|
| <input type="checkbox"/> Elevator | <input type="checkbox"/> Escalator | <input type="checkbox"/> Dumbwaiter | <input type="checkbox"/> Moving Walk |
| <input type="checkbox"/> Freight Platform Lift | <input type="checkbox"/> Manlift | <input type="checkbox"/> Personnel Hoist | <input type="checkbox"/> Handicapped Lift |
| <input type="checkbox"/> Reversible Aerial Tramway | <input type="checkbox"/> Chairlift | <input type="checkbox"/> Gondola | <input type="checkbox"/> T-Bar, J-Bar, Platter Lift |
| <input type="checkbox"/> Rope Tow | | <input type="checkbox"/> Amusement Ride | |

Respecting (check one):

- Proposed New Installation Proposed Alteration Existing Installation

Device ID # if applicable: _____

Location of Device: _____

Building/Site/Area Name: _____

Address: _____

City/Town: _____ Postal Code: _____

Legal Description: _____

Variance From:

Applicable Alberta Regulation: _____ Clause(s): _____

Applicable Code: _____ Clause(s): _____

Details of variance requested:

(Provide a detailed description of your proposed substitution and how equivalent safety will be provided. An Alberta Professional Engineer's analysis in support of the request may be requested.)

Rationale (reason) for variance request: