



Kansas State Fire Marshal
Elevator Safety Division
800 SW Jackson, Suite 104
Topeka, KS 66612
(785) 296-3401 Fax: (785) 296-0151
KSFM_Elevators@ks.gov

Petition for Waiver or Variance

Notice: The Kansas State Fire Marshal 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.

The Kansas State Fire Marshal cannot grant a variance from an accessibility requirement. Accessibility requirements for elevators are enforced by the Kansas Commission on Disability Concerns Office and local jurisdictions.

For more information, call 800-295-5232 or visit <https://kcdcinfo.ks.gov/ada-information>

To ensure consideration by the Kansas State Fire Marshal, please complete the entire form. Any required supporting documents should accompany this form signed and dated.

Your Name	<input type="text"/>	Your Title	<input type="text"/>
Company Name	<input type="text"/>		
Your Phone Number	<input type="text"/>		
Your Email Address	<input type="text"/>		
Your Address	<input type="text"/>		
	(Street or PO Box)		
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>

Conveyance Owner	<input type="text"/>		
Conveyance Location	<input type="text"/>		
	(Street or PO Box)		
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>
Building Construction Date	<input type="text"/>	Applicable Code Year	<input type="text"/>

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

Describe the exact waiver or variance desired, including scope.

Provide any additional facts, circumstances, data, research or argument supporting your claim.

Will substantially equal protection of the public health, safety, and welfare be provided?

Yes No

Please describe exactly how protection will be provided.

E-mail this form with copies of any supporting documents you want reviewed to:
KSFM_elevators@ks.gov

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 variance request to release information to the Kansas State Fire Marshal.

I understand the Kansas State Fire Marshal does not have the authority to waive rules of the Kansas Commission on Disability Concerns Office and the requirements of any local jurisdiction.

Your Signature

Date