



# Elevator Variance Request Application

**Cayman Islands Government**  
**Department of Planning – Building Control Unit**  
P.O. Box 113, Grand Cayman KY1-9000  
Phone (345) 244-6501 Fax (345) 769-2228  
Email: [Building.Control@gov.ky](mailto:Building.Control@gov.ky) Web: [www.planning.gov.ky](http://www.planning.gov.ky)

**Instructions:** This request form must be filled out in its **entirety** before the variance request will be processed.

Applications must include, but are not limited to, the following:

1. A complete description of the variance requested and a listing of all associated code references.
2. A complete equipment and system description
3. Operations and maintenance requirements
4. Inspection instructions and test requirements.
5. Details of risk assessment and risk reduction methodology.
6. Certification documents from third party approval bodies.
7. Compelling reasons for variance.
8. Hardships associated with a denial of this request.

## Alternative Materials

## Alternative Methods

*(Please Type or Print in Ink)*

**Name of Firm** applying for this Variance: \_\_\_\_\_

T&B License No.: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Telephone: (W): \_\_\_\_\_ (C): \_\_\_\_\_ (F): \_\_\_\_\_ Email: \_\_\_\_\_

**Building Owners Name:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Telephone: (W): \_\_\_\_\_ (C): \_\_\_\_\_ (F): \_\_\_\_\_ Email: \_\_\_\_\_

Name of Building: \_\_\_\_\_ Block: \_\_\_\_\_ Parcel: \_\_\_\_\_

Building Street Address: \_\_\_\_\_ Building Permit No. (if applicable): \_\_\_\_\_

### Existing Elevator Details (if applicable):

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Serial No.: \_\_\_\_\_ Permit No.: \_\_\_\_\_

Print: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_