

**DIVISION OF TECHNICAL RESOURCES (DTR)
NIH DESIGN REQUIREMENTS PROJECT SPECIFIC**

VR# _____

REQUEST FOR VARIANCE

Drawing Reference: _____	To:	Variance Review	(301) 451-4954
Detail Number: _____	Email:	ORFDTRIntakeCenter@mail.nih.gov	Phone _____
Spec. Section Reference: _____	From:	Project Officer _____	Email _____
Paragraph # in Guidelines: _____		A/E Name _____	Phone _____ Date _____
Campus <input type="checkbox"/> On <input type="checkbox"/> Off		Work Request Number _____	Proposed Variance Subject _____
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Type _____
		New Construction _____	e.g. lab, animal, office, BSL? _____

(Variances should be requested during pre-design or early in the design phase.)

Project Title _____

Building Number _____ Estimated Construction Cost _____

Location _____ Project Percent Completed _____ %

Describe Variance. State specifically how it deviates from the guidelines, how it improves the existing condition and the advantage to implementing. Provide hard copy supporting documents as necessary to variance coordinator:

Provide recommendation of discipline or disciplines to review variance; i.e. mechanical, electrical, architect, civil, structural, fire protection or other:

PLEASE DO NOT FILL IN BELOW THIS LINE.

DTR Routing: _____

DTR Response: _____

☐ APPROVED

☐ NOT APPROVED

☐ REVISE & RESUBMIT

Variance Number _____