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

REQUEST FOR VARIANCE

	To:	Variance Review	(301) 451-4954	
Drawing Reference:	Email:	ORFDTRIntakeCenter@mail.nih	<u>.gov</u> Phone	
Detail Number:	From:	Project Officer	Email	
Spec. Section Reference:		A/E Name	Phone	Date
Paragraph # in Guidelines:		Work Request Number	Proposed Variance Su	ubject
Campus On Off		Yes No New Construction	Type e.g. lab, animal, office	e, BSL?
(Variances should	be requ	ested during pre-desig		
Project Title				
Building Number			timated Construction Cost	
Location			Project Percent Completed	%
Provide recommendation of o	_	or disciplines to review variance; i.e.	e. mechanical, electrical, arch	nitect, civil,
structural, the protection of c		SE DO NOT FILL IN BELOW	THIS LINE.	
DTR Routing:				
DTR Response:				
☐ APPROVED		☐ NOT APPROVED	☐ REVISE & RESU	JBMIT
Variance Number:			Exhibit X1-5-A	Rev. 5/13
DOC ID, DTD FDM IME 100	DEV 04	FFF DATE OF 104/40	ADDOVAL MONT D	5D 0N 5U 5

DOC ID: DTR-FRM-**IMS-100** REV. 01 EFF. DATE: 05/01/13 APPROVAL: MGMT. REP. ON FILE