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| TR-WM-157 (7/17) | | FOR OFFICE USE ONLY | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Bureau of Weights and Measures, Permits and Licensing  2811 Agriculture Drive, PO Box 7837, Madison, WI 53707-7837  Phone: (608) 224-4942 | Trans No: |  |
|  | |
| APPLICATION FOR USE OF AN ALTERNATIVE METHOD OR EQUIPMENT  Wis. Admin. Code §ATCP 93.250, §ATCP 93.400, and §ATCP 93.680 | | | |

PLEASE TYPE OR PRINT CLEARLY - Personal information you provide may be used for purposes other than that which it was originally collected (s.15.04 (1)(m) Wis. Stats.).

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| OWNER INFORMATION | | | | | | | | | | | | |
| NAME | | | | | TELEPHONE  (   )     - | | | | CELL PHONE  (   )     - | | | |
| COMPANY NAME | | CONTACT PERSON | | | EMAIL | | | | | | | |
| STREET ADDRESS | | | | CITY | | | | | | | | ZIP |
| PROJECT INFORMATION | | | | | | | | | | | | |
| FACILITY NAME: | | | FACILITY ID#: | | | | SITE ID#: | | | | | |
| SITE STREET ADDRESS (not PO Box) | CITY  VILLAGE  TOWN | | | | | STATE | | | | | ZIP | |
| FIRE DEPT. PROVIDING FIRE COVERAGE: | | | | | | | | | | FDID#: | | |
| **CONTRACTOR INFORMATION** | | | | | | | | | | | | |
| DESIGNER | | | | | TELEPHONE  (   )     - | | | | CELL PHONE  (   )     - | | | |
| DESIGN FIRM | | CONTACT PERSON | | | EMAIL | | | | | | | |
| STREET ADDRESS | | | | CITY | | | | STATE | | | ZIP | |

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| State the code section where the use of alternative equipment or method is requested and why the alternative equipment or method is necessary. |
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| State your proposed alternative equipment or method. |
|  |
| **Describe the specific condition(s) where this equipment or method would be used.** |
|  |
| **Provide justification for equivalency to the code requirement.** |
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| List attachments to be considered as part of this application (i.e., model code sections, test reports, research articles, expert opinion, pictures, plans, sketches, etc.). |
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| APPLICANT’S NAME (TYPE OR PRINT) | APPLICANT’S SIGNATURE | DATE |