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| TR-WM-157 (7/17) | FOR OFFICE USE ONLY |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionBureau of Weights and Measures, Permits and Licensing2811 Agriculture Drive, PO Box 7837, Madison, WI 53707-7837Phone: (608) 224-4942 | Trans No: |       |
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| APPLICATION FOR USE OF AN ALTERNATIVE METHOD OR EQUIPMENTWis. 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 |