



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

FOR OFFICE USE ONLY

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.).

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)	<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> 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
State the code section where the use of alternative equipment or method is requested and why the alternative equipment or method is necessary.				
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.				
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.).				

APPLICANT'S NAME (TYPE OR PRINT)

APPLICANT'S SIGNATURE

DATE