



**Commonwealth of Massachusetts**  
**OFFICE OF CONSUMER AFFAIRS**  
**DIVISION OF PROFESSIONAL LICENSURE**

**Board of State Examiners of Plumbers and Gasfitters**  
**239 Causeway Street, Suite 400**  
**Boston, Massachusetts 02114**

**APPLICATION FOR VARIANCE FROM STATE PLUMBING CODE**  
**\$75.00 application fee – Check payable to Commonwealth of Massachusetts**

**(1) Applicant Information**

Name:  Daytime Tel:  Fax:   
Address:  City/Town:  State:  Zip:   
Title or Position:  Email:   
Name of local Plumbing Inspector:  Tel:   
Prior to submitting this application, the local Plumbing Inspector was informed of the variance on:  (mm/dd/yyyy)

**(2) Present Owner Information**

Name:  Daytime Tel:  Fax:   
Address:  City/Town:  State:  Zip:   
Email:

**(3) Variance Location Information**

Name of proposed or current occupier of building:   Floor  
Address:  City/Town:  Tel:

**(4) Other Party Information**

Engineer:   
Contractor:  Pending:   
Plumber:  Pending:   
Plumbing Permit Number:  Pending:

**(5) Variance Request Information**

New construction:       Renovation:       Alteration:

Applicable Code Section(s): \_\_\_\_\_

Has the work started?      Yes       No       Date work started:  (mm/dd/yyyy)      N/A

Reason(s) why this variance is necessary and should be allowed. Include a statement of hardship.

I hereby certify that the information entered on this application request, to include supporting documentation, is true and accurate and is filed in accordance with Chapter 142 section 13 of the General Laws and 248 CMR Massachusetts State Plumbing Code as amended.

\_\_\_\_\_  
Signature of Applicant      Date of Application:  (mm/dd/yyyy)

[ This completes the online process, please print and sign the application ]

GENERAL NOTES

1. Rules and regulations (248 CMR) made by the Board of Examiners of Plumbers and Gas Fitters may be varied upon the petition of the local Board of Health or Health Department thereof. (M.G.L. c142 s13).  
Note 1: The petition of the Board of Health, whether favorable or not, must accompany this variance request.  
Note 2: Board of Health petitioning is not required for buildings owned, used and constructed by the Commonwealth.
2. If necessary, attach supporting information / documentation to this application and deliver or mail to the Board Office.
3. \$75.00 application fee (non-refundable) – Check or money order payable to Commonwealth of Massachusetts.
4. Variances are customarily heard on the last Wednesday of every month. Proper notification will be sent.
5. Copies of state gas code regulations (248 CMR) are available at the State Bookstore, Room 116, State House, Boston, MA 02113. Call 617 727-2834 for current cost plus mailing charge.
6. The applicant must file a copy of the Board's approval for this variance request with the local Plumbing Inspector prior to commencing any work.