



# APPLICATION TO CONSIDER

FOR OFFICE USE ONLY	
VA	_____
FEE	_____
INTAKE BY:	_____
	PRINT NAME

- Variance to City of Irvine Municipal Code construction work hour limitations. Provide individual who will be responsible at the job site during variance hours:  
CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_
- Alternative Material, Design, or Method per California Building Code 104.11, California Green Building Standards Code 101.8, California Mechanical Code 105.0, California Electrical Code 89.108.7, or California Plumbing Code 1.11.2.4.

DATE: _____	PERMIT/PLAN CHECK NO: _____
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## APPLICANT INFORMATION

APPLICANT CONTACT NAME		PHONE
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mx.		
COMPANY NAME		FAX OR EMAIL
ADDRESS		JOB ADDRESS OR LOCATION
CITY	STATE	ZIP

## STATE REQUEST

**BUFFER ZONE MAP:** A 500-foot Buffer Zone Map must be submitted with all hour variance applications. The work site and all occupied residences must be identified. Measure the distance from the property line of the work site to the property line of the nearest occupied residence; include the distance on the map.

**For Construction Work Hour Variance** specify the date range, days of week, work hour, and type of activities.

CHECK APPROPRIATE BOX WORK APPLIES TO:  Entirely on private property  From or within City right-of-way

DATE RANGE: \_\_\_\_\_ DAYS OF WEEK: \_\_\_\_\_ WORK HOURS: \_\_\_\_\_

TYPE OF ACTIVITIES

**For Alternative Material, Design, or Method** include reference to applicable code provision: justification must demonstrate equivalency. Attach documentation and/or additional sheets as needed.

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I understand that this is an **application only**, and that this request may or may not be approved in accordance with guidelines set forth in City regulations. I further agree and understand that the fee paid is not refundable, regardless of the decision rendered. BY SIGNING BELOW, I CERTIFY THE ABOVE TO BE TRUE AND CORRECT.

\_\_\_\_\_  
SIGNATURE TITLE