

**VARIANCE REQUEST  
DESIGN GUIDELINE OR STANDARD**

Date: \_\_\_\_\_

Project Name: \_\_\_\_\_ Building #: \_\_\_\_\_

Project Variance Request #: \_\_\_\_\_ Project Phase:  Program  SD  DD  CD  CA

Requester Name, Title, Department: \_\_\_\_\_

**A. Current Design Guideline or Standard:**

**B. Requested Variance:**

**For Committee Use Only**

Reviewed by Facilities Services: \_\_\_\_\_

Recommended for Approval: Yes  No  \_\_\_\_\_

Facilities Construction AVC:	Date:	Approval: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Facilities Services AVP:	Date:	Approval: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Facilities Planning AVC/AVP:	Date:	Approval: Yes <input type="checkbox"/>	No <input type="checkbox"/>
FCM Senior Associate Vice Chancellor:	Date:	Reviewed: Yes <input type="checkbox"/>	