

CAD STANDARDS REQUEST FOR VARIANCE

Submit form & attachments to: DesignQuality@portseattle.org

Date of Request:

Project Title:

Work Project (WP) #:

Port Tracking (PTN) #:

Requested By:

Company/Org:

Telephone:

E-mail:

Standards Version:

Section/Sub-section:

Description of Proposed Variance (*Attach additional sheets or provide data electronically as needed*):

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Rationale (*Provide as much detail as possible to support the request. Attach additional sheets as needed*):

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INTERNAL REVIEW

Reviewer:

Date of Review:

Decision:

Approved:

Denied:

Comments:

Reviewer Signature: _____

Quality Manager Signature: _____