



Auburn University Design Standards VARIANCE REQUEST FORM

SECTION I.

To be completed by Designer of Record. Upon completion, forward to the University Project Manager (UPM) assigned to the project for which the Design Variance is being requested.

Project Name: _____

Project Number: _____ **Date:** _____

Firm: _____ **Designer:** _____

Current Auburn University Design Standard for which variance is requested:

Section Number: _____ **Paragraph Number:** _____

Requested Variance:

Reason or Justification for Variance Approval:

SECTION II.

To be completed by Auburn University Facilities Management personnel.
Upon receipt of Section Owner signature, please forward to Quality Assurance Coordinator.

UPM: _____ **Printed:** _____ **Date:** _____

Section Owner: _____ **Printed:** _____ **Date:** _____

DSC: _____ **Printed:** _____ **Date:** _____
(*Design Standards Chair*)

STATUS (To be completed by DSC): **APPROVED** **REJECTED** **REVISE AND RESUBMIT**