



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