



**Commission of  
Correction**

# **VARIANCE APPLICATION FORM**

**Non-Capacity Variance**

**County Jail and NYCDOC**



New York State
Commission of Correction
80 S. Swan Street, 12th Floor
Albany, New York 12210
518-485-2346
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County Jail/NYCDOC Non-Capacity Variance Application Form

INSTRUCTIONS TO SHERIFF, COMMISSIONER OR CHIEF ADMINISTRATIVE OFFICER:

Pursuant to New York State Minimum Standards Part 7050, Variances, please complete all portions of this form and e-mail to the attention of Chairman/Commissioner, using the above e-mail address.

Facility: \_\_\_\_\_

Person requesting: \_\_\_\_\_

(Sheriff/Commissioner/Chief Administrative Officer)

- A. State the specific part, section and subdivision of New York State Minimum Standards for which the variance is requested: Example: 7008.2b states that, The visiting area shall be designed so as to allow physical contact between prisoners and their visitors. To request a variance to have physical barriers between inmates and visitors the citation should be listed as:

Ex. Part: 7008 Section: 2 Subdivision: b

Standard for which the variance is requested:

Part: \_\_\_\_\_ Section: \_\_\_\_\_ Subdivision: \_\_\_\_\_

- B. In the space provided below include specific plans fully explaining and supporting the alternative manner of compliance. If you are requesting a modification to an existing variance please include that information in the area below as well. The number of characters you can type in the below space is limited. If necessary, please attach any additional information with your submittal.

C. In the space provided below include a detailed description regarding why this variance is necessary. **The number of characters you can type in the below space is limited. If necessary, please attach any additional information with your submittal.**

D. Provide the amount of time for which the variance is requested, if applicable:

\_\_\_\_\_ Days          \_\_\_\_\_ Weeks          \_\_\_\_\_ Months

E. Should this variance application be approved, please detail below any plans, provisions and timetables for achieving full compliance with the Minimum Standard regulation that is the subject of this application. **The number of characters you can type in the below space is limited. If necessary, please attach any additional information with your submittal.**

F. Has this variance been previously approved by the Commission?

Yes \_\_\_\_ If yes, include the variance number \_\_\_\_\_ No \_\_\_\_

\_\_\_\_\_  
Signature (Sheriff), (Commissioner), (Chief Administrative Officer) \_\_\_\_\_ Date

**Additional copies of this form can be obtained by contacting the Commission, or by visiting [www.scoc.ny.gov](http://www.scoc.ny.gov)**