



**Commission of  
Correction**

# **VARIANCE APPLICATION FORM**

## **Lockup**



New York State
Commission of Correction 80 S.
Swan Street, 12th Floor Albany, New
York 12210
518-485-2346
correspondence@scoc.ny.gov

Lockup Variance Application Form

INSTRUCTIONS TO CHIEF, COMMISSIONER, OR SHERIFF:

Pursuant to New York State Minimum Standards Part 7512,
Variances, please complete all portions of this form and email to the
attention of Chairman/Commissioner, using the above e-mail address.

Lockup: \_\_\_\_\_

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

A. State the specific Part, section and subdivision of New York State Minimum
Standards for which the variance is requested: Example: 7510.1 (b) states that,
Visits to prisoners by a family member, relative or other person may be permitted
at the discretion of, and in accordance with regulations established by, the
officials in charge. To request a variance the citation should be listed as:

Ex. Part: 7510 Section: 1 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.
(Include or attach any relevant supporting documentation). 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 \_\_\_

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Signature (Chief) (Commissioner) (Sheriff)

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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)**