



**Commission of  
Correction**

# **VARIANCE APPLICATION FORM**

## **Non-Capacity Variance**

### **Specialized Secure Detention Facility**



Commission of Correction

New York State Commission of Correction
80 S. Swan Street - 12th Floor
Albany, New York 12210
518-485-2346
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Specialized Secure Detention Non-Capacity Variance Application Form

INSTRUCTIONS TO DIRECTOR:

Pursuant to New York State Minimum Standards Part 7360, 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: \_\_\_\_\_

(Director)

- A. State the specific part, section and subdivision of New York State Minimum Standards for which the variance is requested.

Example: 7308.5(a) states that, Consistent with subdivision (b) of this section, physical contact shall be permitted between a youth and his or her visitors.

Example: Part: 7308 Section: 5 Subdivision: a

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 (Director)

\_\_\_\_\_  
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)**