

New York State Commission of Correction 80 S. Swan Street, 12th Floor Albany, New York 12205 518-485-2465 518-485-2467 (Fax)

County Jail Variance Application Form

INSTRUCTIONS TO SHERIFF OR CHIEF ADMINISTRATIVE OFFICER:

Pursuant to New York State Minimum Standards Part 7050, Variances, please complete all portions of this form and mail or fax this form Attn: Chairman/Commissioner to the address or fax number listed above.

	Facility:				
	Person red	questing:			
		(Sheriff/0	Chief Adminis	trative Officer)	
A. State the specific part, section and subdivision of New York Sta Standards for which the variance is requested: Example: 7040.3 statotal number of inmates confined within each correctional facility shal the maximum facility capacity of such facility. To request a varian additional inmates within the facility the citation should be listed as: Ex. Part: 7040 Section: 3 Subdivision:					
	Sta	andard for whic	h the variand	e is requested:	
	Part:	Section:		Subdivision:	
B.	the alternative ma	anner of compl	iance. If you	plans fully explaining a mation in the area	nodification to ar

(Include or attach any relevant supporting documentation)

C.	·	riance is necessary. (Include or attach any relevant supporting cumentation.)					
D.	D. Provide the amount of time for which the variance is	s requested, if applicable: 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. (Use additional sheets to provide further information and supporting documentation).

F. If this variance request pertains to housing additional inmates, please provide the square footage for the potential housing areas effected (dayspace area, cells, gym, etc.) as well as the number of sinks, shower and toilets for that area. It is also necessary to include the current Maximum Facility Capacity (MFC) for the specific area listed in this application, along with the number of additional inmates (beyond the MFC rating) you are requesting to be housed in the specific area.

I I I a si a a A a a a (NI a a a a a a I	Dorms	Number	Number	Number	Current	Requested
Housing Area (Name and type, i.e. 1 North, dorm,	and Cells	of Sinks	of Showers	of Toilets	MFC	Number of Variance
linear)	Sq. Ft.		Onowers			Beds
	•					

(If additional space is required please make a copy of this sheet and attach)

(Page of)	
G. Has this variance been previously approved by the Commission?	
Yes If yes, include the variance number	_ No
Signature (Sheriff) (Chief Administrative Officer)	Date

Additional copies of this form can be obtained by contacting the Commission, or online at www.scoc.ny.gov. Click on Table of Contents, Commission Forms, Request for a Variance (Formal application statement).

(SCOC Form #VA-CJ-1) (09/2018)