



**OCEAN CITY FIRE DEPARTMENT  
OFFICE OF THE FIRE MARSHAL**

P. O. Box 158

Ocean City, Maryland 21843

(410) 289-8780

Submit to address above or by email: [ocfm@oceancitymd.gov](mailto:ocfm@oceancitymd.gov)

**VARIANCE APPLICATION**

**PLEASE TYPE OR PRINT CLEARLY AND COMPLETE ALL AREAS OF THE APPLICATION**

Date:

Name of Applicant:

Owner

Property Manager

Lessee

Address:

City:

State:

Zip Code:

Phone Number:

Email:

Ocean City/local address:

City:

State:

Zip Code:

Property Owner(s) Name (if other than the Applicant):

Variance Requested:

Relevant Code Section/Requirement Applicant is Seeking Variance From:

Please list and attach any plans, drawings, technical specifications related to the request:

**Official Use Only:**

Application Received:

DFM Assigned:

Reviewed:

Reason/Justification for Request:

## Waiver & Release of Liability

I hereby certify the following:

1. I am aware, understand, and assume the risks to fire and life safety for the property above, and the impact to said risks inherent in variance.
2. I certify that the property and structure will be maintained in compliance with all laws, including but not limited to, fire, life safety, and maintenance of associated fire and life safety systems.
3. I certify that all property owners (in the case of a condominium this includes all condominium owners in the building), renters/lessees and other parties with legal interest in the structure/property have been made aware of the variance request and its impact to the fire/life safety of the structure. (*documentation to be attached*)
4. I have advised any insurance provider with related property coverage affected by the variance. (*documentation to be attached*)
5. I, my agents, successors, personal representatives, assigns, heirs and next of kin, hereby expressly agree to indemnify and hold the Town of Ocean City, its officials, officers, agents, employees, volunteers and representatives harmless from, for and against, any and all liabilities, claims, suits, demands, judgments, causes of action of any kind (at law or at equity), losses, damages, costs or charges (including attorneys' fees), related directly or indirectly to this variance request. I, my agents, successors, personal representatives, assigns, heirs and next of kin, hereby expressly agree to indemnify and hold the Town of Ocean City, its officials, officers, agents, employees, and representatives harmless from, for and against any act or omission, loss, injury, death or damage, which at any time may be suffered or sustained by myself or any property occupant/visitor, regardless of whether such loss, injury, death or damage shall be caused by, or in any way result from, or arise out of any act, omission, or negligence (other than gross negligence) of the Town of Ocean City, its officials, officers, agents, employees and representatives, or shall result from or be caused by any other matter or thing, whether of the same kind as or a different kind than the matters or things above set forth. My obligation includes all costs, expenses, and liabilities incurred in connection with any claim or proceeding, including the reasonable expense of investigating and defending any such claim or proceeding, and including attorney's fees.
6. I covenant not to sue, and release, waive and discharge the Town of Ocean City, its officials, officers, agents, employees, and representatives, all of whom for the purpose of this release are referred to as Releasees, from all liability to myself and my agents, successors, personal representatives, assigns, heirs and next of kin, for any and all loss or damage on account of injury to myself or occupant of the property, whether caused by the negligence of the Releasees or otherwise. I agree that the foregoing Release is intended to be as broad and inclusive as is permitted by the laws of the State of Maryland, and that if any portion of it is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

By signing below, I hereby affirm the information provided in this Application is true and correct and further that it may be relied on in consideration of the variance requested. I express my understanding and intent to enter into this Variance Request, Waiver and Release of Liability willingly and voluntarily.

### **Applicants Name**

Print:

Signature:

Date:

### **Owner's Name**

Print:

Signature:

Date: