

**UIP/iGT Variation Request Form (*FM183*)**

*This form MUST be completed by the UIP/iGT to notify SGN of a variation to an approved design. For guidance on SGN’s variation procedure please refer to SGN UIP/iGT Briefing Note 13. This form and SGN’s variation procedure is in addition to any responsibilities defined within IGE/TD/101 Section 8: Deviations and Variation Procedure. This notice must be submitted to SGN immediately following appraisal of the variation by the designer, SGN will appraise the variation based on the information supplied, where the designer has indicated the requirement of a Minor variation, failure to submit sufficient information will result in the need to resubmit as a Major variation.The UIP/iGT should be aware that SGN has a duty not to adopt the infrastructure if there is any doubt regarding its fitness for purpose therefore failure by the UIP/iGT to correctly follow this procedure may result in the supply not being adopted.*

**PLEASE INDICATE IF THE VARIATION IS**  **MINOR**  **OR MAJOR**

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| Date Variation Reported: | | | | | | | | | /    / | | |
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| SGN Ref. No: | | | | |  | | | | | | | | | |
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| UIP Reference: | | | | |  | | | | | | | | | |
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| Name of Person Completing this Form: | | | | | | | | | | |  | | | |
| Contact Telephone No: | | | | | | | |  | | | | | | |
| Contact E Mail: | | | | | |  | | | | | | | | |
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| **A) Site Details** | | | | | | | | | | | | |
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| Name of AE / Competant Person : | | | | | | | | | |  | | | | |
| Telephone No for AE / Competant Person: | | | | | | | | | | | |  | | |
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| Site Address: | | | |  | | | | | | | | | | |
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| Post Code: | | |  | | | | | | | | | | | |
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| 1. **Variation Details**   **Original approved Design Details:** | | | | | | | | | | | | |
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| **Variation details:** | | | | | | | | | | | | |
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| **Additional information:** | | | | | | | | | | | | | | |
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| 1. **Variation Approved By** | | | | | | | | | | | | |
| Print Name: | | | | | |  | | | | | | | |
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| **PLEASE ENSURE YOU HAVE ENCLOSED A SUITABLY SCALED COPY OF VARITATION DESIGN** | | | | | | | | | | | | |