Public Health

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APPLICATION FOR VARIANCE

Office Use Only
Fee Paid
Date Paid
Cash/CC/Check

Receipt No. __

DATE				
NAME OF APPLICANT				
ADDRESS				
CITY		STATE	ZIP	
PHONE	FA	x		
EMAIL ADDRESS				
TITLE OF REGULATIONS_				
SECTION(S) OF REGULATION	ONS TO BE VARIED			
REASON FOR VARIANCE R	REQUEST			
SIGNATURE			DATE	
	(Office Use	Only)		
DATE RECEIVED	CATEGORY TYP	E		
VARIANCE FEE	PUBLIC NOTICE DATES			