WESTERN U.P. HEALTH DEPARTMENT
Superior Environmental Health Code Variance Request Approval/Denial Form

Application Date: __________________________ Case # and/or Permit #: __________________________

Applicant Name: __________________________________________

Property Location: County: __________ Township: __________ Section #: ___ Township #: ___ Range #: ___
Fire #:/ Street Address: __________________________________________

Quote the Superior Environmental Health Code Section from which a variance is requested:

______________________________________________________________________________

Describe the variance requested:

______________________________________________________________________________

______________________________________________________________________________

Section 8.1 of the Superior Environmental Health Code requires the following conditions for variance approval. Attach plans and specifications as needed to demonstrate:

- No substantial health hazard or nuisance is likely to occur.
- Strict compliance with the code requirements would result in unnecessary or unreasonable hardship to the petitioner.
- No state, local statute, or other applicable laws would be violated.
- The protection of the health, safety, and general welfare of the public is assured.

Applicant’s Signature: __________________________ Date: __________________________

FOR HEALTH DEPARTMENT USE

Field Sanitarian: __________________________ Site Evaluation Date: __________________________
Recommendation: __________________________________________

______________________________________________________________________________

Signature: __________________________ Date: __________________________

Information regarding a request for a variance from the Superior Environmental Health Code has been received and reviewed by an authorized representative of the health department. In accordance with Article 8, Section 8.1, a variance from the specific requirements of the Superior Environmental Health Code is hereby:

☐ APPROVED
And contingent upon the following special practices or conditions:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

E.H. Director or Health Officer: __________________________ Date: __________________________

☐ DENIED
Based on the following reasons:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________