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

Application Date:		Case # and/or	Permit #:		
Applicant Name:					
Property Location:	County: Fire #/ Street Addre		Section #:	Township #:	Range #:
Quote Rule Superior	Environmental Healt	h Code Section fro	om which variance	is requested:	
Describe the varianc	e requested:				
<ul> <li>8.1 of the Superior E</li> <li>No substantial</li> <li>Strict complian petitioner.</li> <li>No state, local</li> </ul>	ecifications demonstra invironmental Health health hazard or nuisan nce with the code req statute, or other applica of the health, safety, a	Code: nce is likely to occur juirements would re able laws would be	esult in unnecessar violated.	y or unreasonable	
Applicant's Signature	9:			Date:	
	FOR	HEALTH DEPAR	TMENT USE		
	Field Sanitarian:Site Evaluation Date: Recommendation:				
Signature:				Date:	
reviewed by an aut	ing a request for a varia thorized representative specific requirements of	of the health depart	ment. In accordance	e with Article 8, Se	
APPROVED And contingent upon the following spec practices or conditions:			DENIED Based on the follow	wing reasons:	
E.H. Director or I	Health Officer:			Date:	