

## VARIANCE REQUEST FORM

Parcel # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Address: \_\_\_\_\_  
(00-00-000-000)

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Township: \_\_\_\_\_

Subdivision and Lot #: \_\_\_\_\_ Property Owner: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Variance Request:

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\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Date

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Review Date: \_\_\_\_\_

Variance Request:

APPROVED

REJECTED

### Variance Justification:

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Environmental Health Practitioner