

Wayne County Board of Health  
**VARIANCE REQUEST APPLICATION**

***PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION***

**APPLICANTS INFORMATION:**

Name \_\_\_\_\_

Property Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

**PROPERTY INFORMATION:**

Township \_\_\_\_\_ Property Size \_\_\_\_\_

Directions for reaching property \_\_\_\_\_

Please describe your request on the following lines:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Property Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

If more than one individual owns the property, then the signature of all involved property owners is required.

***OFFICE USE ONLY***

Health Department's Recommendation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Reviewer \_\_\_\_\_

Date Reviewed \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Board Action \_\_\_\_\_