

**Wayne County
Health
Department**



Nicholas Cascarelli, Ed.D.
Health Commissioner

Eric A. Smith, MD
Medical Director

Wayne County Board of Health
VARIANCE REQUEST APPLICATION

APPLICATION FEE: \$100.00

Name _____
Property Address _____
Mailing Address _____
Phone Number (____) _____ Email _____
Township _____ Property Size _____

Please describe your request:

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 Recommendation: _____

Code Reference: _____

Reviewer Signature _____ Date Reviewed _____

Fee Paid: _____ Receipt#: _____ Date Paid: _____

Board Action: _____

"The Wayne County
Health Department is
An Equal Opportunity
Employer and Provider."
www.wayne-health.org

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Wooster, OH 44691
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