

# **APPLICATION FOR VARIANCE INSTRUCTIONS**

## **I ENVIRONMENTAL HEALTH SPECIALIST OR INSPECTOR**

- A. Initiates the form;
  - 1. When it is required under the code or,
  - 2. When requested by the operator or,
  - 3. Upon change of ownership when a variance was already in effect.
- B. Completes the form along with the operator with the following information:
  - 1. Date, name of applicant, DBA (doing business as) address of establishment.
  - 2. A checkmark on the line following Existing Establishment, New Establishment, or Change of ownership.
  - 3. Current license and number and name of agent (any or all as applicable).
  - 4. Request variance from, listing all applicable sections.
  - 5. Reason variance is requested, briefly describing why the variance is necessary and date for compliance if applicable.
  - 6. Signature of Environmental Health Specialist or Inspector and applicant or agent.
  - 7. A HACCP plan, if needed, and an establishment floor plan, if needed must be attached. If available, an existing floor plan from the establishment file may be used if updated.
- C. Submits form, along with a recommendation, to supervisor.

## **II SUPERVISOR**

- A. Reviews and attaches a recommendation.
- B. Signs the application and forwards it to the appropriate Section Chief of DHFS or DATCP.

## **III SECTION CHIEF**

- A. Reviews
- B. If in agreement with recommendations from the field, the Section Chief writes the variance.
- C. If not, the Section Chief refers the variance to the committee for review and comment.

# APPLICATION FOR VARIANCE OR COMPARABLE COMPLIANCE

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

Applicant Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Existing Establishment  New Establishment:  Change of Ownership  (Check one)

Current License Issued By: HFS  DATCP  Agent  (City or County) (Check one)

License Number: \_\_\_\_\_ Agent Name \_\_\_\_\_

Request Variance or Comparable Compliance From (List Sections):

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

Reason Variance or Comparable Compliance is Requested:

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

\_\_\_\_\_  
Signature of Environmental Health  
Specialist or Inspector

\_\_\_\_\_  
Signature of Applicant  
or Authorized Agent

\_\_\_\_\_  
Signature of EHS or Insp. Supervisor

Attach scale drawing and HACCP plan to application. If applicable, show location of equipment and all plumbing fixtures. Drawings and supporting documents should be submitted on 8½x 11 paper or in triplicate if blueprints.