



Hennepin County Public Health Department
 Epidemiology and Environmental Health
 1011 South First Street, Suite 215
 Hopkins, Minnesota 55343-9413
 (612) 543-5200 FAX: (952) 351-5222

Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>
Signature _____	
Date _____	
Expiration date _____	

REQUEST for VARIANCE

INITIAL RENEWAL

DATE RECEIVED _____

ESTABLISHMENT _____

CONTACT PERSON _____

ADDRESS _____

ESTABLISHMENT PHONE # _____

CITY, STATE, ZIP _____

From which part of the rule are you requesting a variance? (Please include the specific language from which you want to be exempted).

Why are you requesting a variance from this section?

What procedures will you use if the variance is granted? (These must provide a level of safety comparable to the requirements of the rule or policy).

How long do you anticipate the need for a variance?

Additional information that may help us make a decision about your variance.
(If more space needed provide additional attachments.)

I, the undersigned, will comply with the conditions of this variance, if granted. I hereby make application for a variance to the appropriate section of Hennepin County Ordinance and Minnesota Rule.

NAME, TITLE _____ DATE _____

ReviewerComments: _____
