

Variance Request # _____
Receipt Number _____
Fee Paid _____
Date Paid _____

VARIANCE REQUEST FORM

- Note: 1. All variance requests must be submitted in complete form seven (7) days prior to the Ashtabula County Board of Health meeting.
2. Variance approval must be executed within two (2) years of the date that a variance is granted. Variance approvals not executed within two (2) years of the date that the variance was granted become null and void.

Name of Requestor: _____

Mailing Address of Requestor: _____

Telephone Number of Requestor: _____

Name of Property Owner Requesting Variance: _____

Type of Variance Request: _____

Describe Nature of Variance Request: _____

Location of Variance Request (street address and directions to property): _____

Has applicant provided a sketch of property depicting variance request?
_____ Yes _____ No

Has applicant provided a letter to Ashtabula County Health Department which states rationale for variance request?
_____ Yes _____ No

OFFICE USE ONLY

Sanitarian's Signature

Date of Variance Request

Board of Health Decision:

Approved with conditions

Approved

Disapproved

Health Commissioner's Signature