

Wayne County Board of Health
VARIANCE REQUEST APPLICATION

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

APPLICANTS INFORMATION:

APPLICATION FEE: \$100.00 made out to the
WAYNE COUNTY HEALTH DEPARTMENT

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 _____