



ENVIRONMENTAL HEALTH DIVISION
 2120 Diamond Blvd., Suite 200
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 www.cchealth.org/eh/

REQUEST FOR VARIANCE

<i>Site Location</i>	<i>City/Zip Code</i>
<i>Assessors Parcel Number</i>	<i>Contact Email</i>
<i>Requesting Party</i>	<i>Daytime Phone</i>
<i>Mailing Address</i>	<i>City/Zip Code</i>
<i>Owner(s)</i>	<i>Daytime Phone</i>
<i>Mailing Address</i>	<i>City/Zip Code</i>

Variance Request:

Reason for Request:

Supporting Documentation: (attach additional sheet if necessary)

Submitted by: _____ Date: _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Reviewed by: _____, Environmental Health Specialist Date: _____

Recommendations:

Approved Denied _____, Supervising EHS

FA#	PR#	PE:	REHS:
Amount Due:	Amount Paid:	Receipt #:	Received by:
Check #	Cash:	Credit Card:	Date: