

	Applica	ation for a Deviat	ion/variance
Name of Applicant	Phone #	Facility Name (if applicable)	
Address		City	Zip Code
A deviation or variance of the red & Menominee Counties, when al	quirements of applicable laws ma I the following apply:	y be granted by Publ	ic Health, Delta
compliance with the Code	requirements would result in unr	necessary or unreasc	nable hardship
a health hazard or nuisand	ce is not likely to occur		
 no state, local statutes, or 	other applicable laws are violate	d	
the protection of the health	h, safety, and general welfare of	the public is assured.	ı
Description of the deviation/varia	ince request: (Include a descriptionessed.)	of how the public heal	th hazards and
	ase-by-case basis. Submittal o		nd payment o
Signature		Date	
Return comple	eted application & fee to the Publi	ic Health Office at:	

2920 College Avenue, Escanaba, MI 49829 909 Tenth Avenue, Menominee, MI 49858

		FOR OFFICE USE ONLY		
Date	Fee Paid \$	☐ Cash ☐ CC ☐ Check #	Receipt #	Initials phdm: 8/2019: [299-11]