

## **Application For A Deviation/Variance**

phdm:3/03:[299-11]

Name of Applicant	Phone #	Facility Name (if applicable	)
Address		City	Zip Code

A deviation or variance of the requirements of applicable laws may be granted by Public Health, Delta & Menominee Counties, when all the following apply:

- compliance with the Code requirements would result in unnecessary or unreasonable hardship
- a health hazard or nuisance is not likely to occur
- no state, local statues, or other applicable laws are violated

escription of the	deviation/variance request:	(Include a description of how the pu	ublic health hazards and nuisa
		will be alternatively addressed.)	
		-by-case basis. Submoes <u>not</u> guarantee this	
		Signature	Date
urn completed a	pplication & fee to: Public He	alth, 2920 College Avenue, E	scanaba, MI 49829
	(Fc	or Office Use Only)	
Paid \$	Receipt #	Date	Initials