

VARIANCE REQUEST FORM
GOODHUE COUNTY PUBLIC HEALTH SERVICE

1. Applicant's Name

2. Applicant's Mailing Address (St., City, Zip)

3. Applicant's Daytime Telephone Number

4. Township/Range/Section 5. Parcel Number

Variance Request:

Applicant's Signature _____ Date: _____

Neighbor's Signature _____ Date: _____

ORDER GRANTING OR DENYING VARIANCE

The aforementioned variance request made by the person whose name

appears on this request form is hereby [] approved [] denied

by the Environmental Health Department on this

day of 19____ .

Signed _____

Jason Petersen, Environmental Health Director