KNOX COUNTY Health Department

11660 Upper Gilchrist Rd.
Mount Vernon, OH 43050

www.knoxhealth.com

Phone 740-392-2200
Fax 740-392-9613

APPLICATION FOR VARIANCE

Application Fee $25

NAME _____ TELEPHONE _____

PROPERTY ADDRESS _____ TWP/VILLAGE _____
(House No.) (Road/Street)

MAILING ADDRESS _____

For the reason(s) stated below, I hereby apply for a variance from Board of Health Regulation _____. If granted, by accepting the variance I hereby agree to all conditions attached to the variance by the Board of Health.

State your personal reason(s) below for requesting a variance
(Use reverse side if necessary)

_____
Signature (Property owner)

_____

_____

_____

OFFICE USE ONLY

Fee received $_____ Receipt # _____ by _____ Date _____

Regulation(s) affected: _____

Sanitarian evaluation: _____

_____

Board of Health Action: ☐ **Granted** ☐ **Denied**

Comment: _____

_____ _____
Health Commissioner **Date**

Rev 02/2012