



**ENVIRONMENTAL HEALTH DIVISION**  
 2120 Diamond Blvd., Suite 100  
 Concord, CA 94520  
 Phone: (925) 608-5500  
 Fax: (925) 608-5502  
 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:

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Reason for Request:

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Supporting Documentation: (attach additional sheet if necessary)

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Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY**

Reviewed by: \_\_\_\_\_, Environmental Health Specialist Date: \_\_\_\_\_

**Recommendations:**

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Approved  Denied \_\_\_\_\_, Supervising EHS

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