

GREENE COUNTY COMBINED HEALTH DISTRICT
ENVIRONMENTAL HEALTH DIVISION
VARIANCE REQUEST

Date Received:

Scheduled for Board Meeting:

From:

Concerning:

Code section requesting variance from:

Reasons for request:

Advantages to granting a variance:

Disadvantages to granting a variance:

Staff recommendation:

Board Action: _____ Approved _____ Not Approved _____ Date

Conditions (if any):