



MEDINA COUNTY HEALTH DEPARTMENT  
 4800 LEDGEWOOD DRIVE, MEDINA, OHIO 44256  
 Medina (330)723-9523 • TOLL FREE (888) 723-9688 • FAX (330) 723-9650

Date: \_\_\_\_\_  
 Processing Fee: \_\_\_\_\_  
 Receipt Number: \_\_\_\_\_

**VARIANCE REQUEST FORM**

Applicant Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
 Applicant Address: \_\_\_\_\_  
 Address of Property: \_\_\_\_\_  
 Contractor (if any): \_\_\_\_\_

Applicant's description of or reason for variance request: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*\*\*\*\*

**Health Department Use Only**

Code or Rule: \_\_\_\_\_

Sanitarian Recommendation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sanitarian Signature: \_\_\_\_\_