

FOR OFFICE USE ONLY

DATE RECEIVED: _____ RECEIVED BY: _____

FEES PAID: _____ CHECK # or CC : _____

RECEIPT #: _____ PE: _____

FACILITY ID: _____ SERVICE REQUEST #: _____

COUNTY OF YOLO



Department of Community Service
Environmental Health Division

292 W. Beamer Street, Woodland CA 95695
Phone: (530) 666-8646 Fax: (530) 669-1448

PETITION FOR VARIANCE

Property Address (include city and zip):	
Facility Name (if applicable):	
Name of Petitioner:	
Mailing Address (include city and zip):	
Phone Number:	Email:
Building Permit # (if applicable):	APN:

Variance request and reason: _____

Alternatives if variance is denied (no variance shall be granted where there is an alternative that meets the standards): _____

Potential public health impact should the variance be granted: _____

Office use only

County Code & Policy: _____

EH Supervisor's findings/recommendations: _____

Reviewed by: _____ Date: _____

EH Director's decision:

Variance **GRANTED** with the following condition(s): _____

Variance **DENIED** with the following reason(s): _____

EH Director's Signature: _____ Date: _____