



Signature of Owner/Agent of Owner

Date

**Environmental Health Staff - Opinion**

The inspector shall review all variance requests prior to rendering a decision. I, \_\_\_\_\_ the undersigned, have visited the above property and find that the conditions ( Do / Do not ) prohibit full compliance with the rules. The variance request submitted by the applicant ( Is / Is Not ) the best alternative available on this property. The proposed system ( Does / Does Not ) increase the likelihood that a health hazard or nuisance condition will occur. Therefore, I ( Do / Do Not ) recommend approval the requested variance.

Inspector Signature

Date

**Environmental Health Director - Opinion**

The Environmental Health Director shall review all variance requests prior to forwarding to the Health Commissioner.

I, \_\_\_\_\_, have reviewed the variance request submitted by the applicant and concluded that it ( Is, Is Not ) the best alternative available on this property. The proposed system ( Does / Does Not ) increase the likelihood that a health hazard or nuisance condition will occur. Therefore, I ( Do / Do not ) recommend approval of the requested variance.

EH Director Signature

Date

**Health Commissioner Recommendation**

The Health Commissioner has reviewed the variance (s) and ( Does / Does Not ) recommend that the Board of Health gives its approval.

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Commissioner Signature

Date

**Board of Health Action**

At their \_\_\_/\_\_\_/\_\_\_ meeting, the Ashland County Board of Health:

APPROVED this variance request, contingent upon the following special practices or conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DENIED this variance request based on the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Commissioner Signature

Date