



# LA PAZ COUNTY HEALTH DEPARTMENT

Administrative  
(928) 669-1100

**Marion Shontz, Director**  
1112 Joshua Avenue #206

Public Health Nursing  
(928) 669-6155

## Environmental Health Division

### Appendix F GENERAL VARIANCE REQUEST

<p>Applicant Information:</p> <p>Name</p> <p>Address</p> <p>Name of Business</p>	<p>For Agency Use Only</p> <p>\$75.00 fee included? Yes No</p> <p>Date of submittal</p> <p>There is a \$75.00 Variance fee for each requested change from the Code.</p>
<p>1. Rule Citation or Requirement for which a change is requested:</p>	<p>2. Description of the requested change:</p>
<p>3. Justification for the Requested change (please attached any supporting documentation)</p>	
<p>Note: A HACCP Plan may be required to insure food safety controls are in place and met.</p>	
<p>Applicant Statement:</p> <p>I understand that this is a request for a variance from the rules referenced above and that I must comply with all local, state, and federal regulations and guidelines. This variance if approved, can be revoked, if violations of the applicable regulations are found or if there are significant safety and health violations in my establishment.</p> <p>_____ Signature of Applicant _____ Date</p>	
<p>For Agency Use ONLY</p> <p>Request Approved (date) _____ by _____</p> <p>Request Denied (date) _____ by _____ (attach denial letter)</p>	