

REQUEST FOR VARIANCE FORM
Seattle King County Department of Public Health
KING COUNTY FOOD CODE

The fee for variance review is \$243, payable at the time of application. Additional review time past the first hour is charged at \$243 per hour.

NAME OF ESTABLISHMENT _____ TYPE _____

ADDRESS _____ CITY _____ ZIP _____

PERSON TO CONTACT _____ DAYTIME PHONE _____

I request a variance from the following requirement(s): _____

I am unable to comply because: _____

I will make the necessary correction to bring my establishment to code by _____
(Schedule for work completion attached) (Date)

AND/OR

I will do the following to protect public health: _____

OWNER (Print Name) DATE OWNER SIGNATURE

<i>Do Not Write Below This Line</i>	
SERVICE REQUEST # _____	FACILITY # _____
VARIANCE ACCEPTED _____ Signature of EHS Supervisor	_____ Date _____ Program Manager Concur
CONDITIONS _____	
VARIANCE DENIED _____ Signature of EHS Supervisor	_____ Date _____ Program Manager Concur
Comments/Reasons: _____	

*If you disagree with this decision, you may appeal in writing to the
Manager of the Food and Facilities Section*

Available in alternative format upon request

DISTRICT HEALTH CENTERS

EASTGATE
14350 S.E. Eastgate Way
Bellevue, WA 98007
(206) 477-8050

DOWNTOWN
401-5th Ave, 11th Floor
Seattle, WA 98104
(206)263-9566