District Waiver Request   Date _____

Attach this request to the application in question

Property Address _____
Parcel Number _____**Activity Number** _____
Name of person making request _____
Phone Number (   ) _____
Identify relationship to subject property (designer, owner, developer, builder, etc.)
_____

- **The applicant/designer is requesting a waiver of conditions described below:**
  _____
  _____
  _____
  _____

- **Justification:**_____
  _____

- **Proposed mitigation measures** (attach separate page if necessary) **Reason this will
  not be a public health concern:** _____
  _____
  _____
  _____

Findings (attach all supporting documentation):
_____
_____
_____
_____

Comments from Field Sanitarian:
_____
_____

Decision:
_____
_____
_____
_____

Conditions of Approval:
_____
_____

Person reviewing request for District Waiver_____
Title _____
Signature _____ **Date** _____