

GREENE COUNTY COMBINED HEALTH DISTRICT  
ENVIRONMENTAL HEALTH DIVISION  
VARIANCE REQUEST

**Date Received:**

**Scheduled for Board Meeting:**

**From:**

**Concerning:**

**Code section requesting variance from:**

**Reasons for request:**

**Advantages to granting a variance:**

**Disadvantages to granting a variance:**

**Staff recommendation:**

**Board Action:** \_\_\_\_\_ Approved      \_\_\_\_\_ Not Approved      \_\_\_\_\_ Date

**Conditions (if any):**