WINNEBAGO COUNTY HEALTH DEPARTMENT
401 Division Street
Rockford, IL 61104

FOR OFFICE USE ONLY
Date Rec'd: _____
Amt. Rec'd: _____
Check/Cash: _____
Receipt: _____
Permit #: _____

PETITION FOR VARIANCE - $60.00

Location (where variance is being requested): _____
(Lot Number / Plat Number / Subdivision)

Person Requesting Variance: _____ PH: _____
Present Address: _____ Zip: _____
Relationship to Property Being Considered: _____ (i.e. owner, prospective buyer, etc.)

Reason(s) for Requesting Variance: _____

This is a request for a variance from the requirement(s) of the Winnebago County Health Code, Chapter 9, Article #_____, Section(s) as follows:

	CODE SECTION	REQUIREMENTS	PETITIONER'S PROPOSAL
1.			
2.			
3.			
4.			
5.			

In filing this petition, I realize that if the Board of Health grants this variance, that I or we and all future owners shall be bound by the terms of the variance granted. The following exhibits are attached to support my request (i.e. site plan proposal, soil boring data, topographic survey data, flood plain data, engineering plans, etc.)

_____

I attest that this PETITION and all supportive material are, to the best of my knowledge, accurate and are as close as physically possible to the Winnebago County Code requirements.

_____ Dated: _____

Please notify the following people, other than myself of the date, time and place the Policy Committee will hear my petition: _____

OFFICE USE ONLY:

Staff Recommendation(s) : _____

Policy Committee Meeting Date: _____ Members Present: _____

Recommendations: _____