



WINNEBAGO COUNTY HEALTH DEPARTMENT

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

PETITION FOR VARIANCE - \$60.00

Address where variance is being requested:
Person Requesting Variance: PH:
Mailing 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:

Table with 3 columns: CODE SECTION, REQUIREMENTS, PETITIONER'S PROPOSAL. Rows 1-4.

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.):

Please notify the following additional people of the date, time and place the Committee will hear my petition:

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.

Signature: Dated:

By typing your name in the signature box above, you are electronically signing this document.



OFFICE USE ONLY:

Policy Committee Meeting Date:

Members Present:

Recommendations: