



Request for Variance of Requirements



Alaska Department of Environmental Conservation Division of Environmental Health Food Safety & Sanitation

Permit Number	Establishment	Type of Operation	
Establishment Mailing Address	City	State	Zip
Physical Address or Location		Telephone	

Provision: 18 AAC _____; Section _____

Description: _____

Describe why the designated provision cannot be met, or would create an undue hardship:

Describe the alternative method which is proposed for meeting the purpose of the designated provision:

Applicant's Signature _____ **Date** _____

Applicant's Printed Name _____ **Title** _____

<u>FOR DEPARTMENT USE ONLY</u>		
RECOMMENDATION OF DISTRICT OFFICE STAFF		
Approval <input type="checkbox"/>	Disapproval <input type="checkbox"/>	Conditional Approval <input type="checkbox"/>
Comments _____		
ID# _____ Signed _____ Date _____		
DECISION OF PROGRAM MANAGER		
Approval <input type="checkbox"/>	Disapproval <input type="checkbox"/>	Conditional Approval <input type="checkbox"/>
Comments _____		
Signed _____ Date _____		