

Please note there is a \$100 fee for Variance Review

**Municipality of Anchorage
Anchorage Health Department**

**VARIANCE REQUEST FORM
PUBLIC FACILITIES**

Food Establishment

Aquatic Facility

Facility name	Facility Phone #
Facility address	
Owner name	email address:
Mailing address	

Specific code that the variance request is for:

Reason the requirement can not be met:

Describe the alternate method proposed to meet the purpose of the requirement:

(Use additional pages if necessary)

Signed: _____ Date _____

*If a HACCP plan is required as specified in 8-201.13(A), it must include the information as specified in 8-201.14 as it is relevant to this variance. The HACCP plan must be included with this variance request if it is required.

FOR OFFICE USE ONLY

Approved Deny Comments attached

Signed: _____ Date _____

Program Manager