

***REQUEST FOR VARIANCE FROM  
 Seattle King County Department of Public Health  
 SEATTLE-KING COUNTY FOOD CODE***

THE FEE FOR VARIANCE REVIEW IS \$154.00 DATE \_\_\_\_\_

NAME OF ESTABLISHMENT \_\_\_\_\_ TYPE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PERSON TO CONTACT \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

I request a variance from the following requirement(s): \_\_\_\_\_

I am unable to comply because: \_\_\_\_\_

I will make the necessary correction to bring my establishment to code by \_\_\_\_\_  
 (schedule for work completion attached) (Date)

**AND/OR**

I will do the following to protect public health: \_\_\_\_\_

**OWNER (Print Name)**

**DATE**

**OWNER SIGNATURE**

***Do Not Write Below This Line***

SERVICE REQUEST # \_\_\_\_\_ FACILITY # \_\_\_\_\_

VARIANCE ACCEPTED \_\_\_\_\_ Program Manager Concurrs  
 Signature of EHS Supervisor Date

CONDITIONS \_\_\_\_\_

VARIANCE DENIED \_\_\_\_\_ Program Manager Concurrs  
 Signature of EHS Supervisor Date

Comments/Reasons: \_\_\_\_\_

***If you disagree with this decision, you may appeal in writing to the  
 Chief, Environmental Health***

**DISTRICT HEALTH CENTERS**

**ALDER SQUARE**  
 1404 Central Ave S, Ste 101  
 Kent, WA 98032  
 (206) 296-4666 / (206) 296-4708

**NORTHSHORE**  
 10808 NE 145<sup>TH</sup> St  
 Bothell, WA 98011  
 (206) 296-9791

**DOWNTOWN  
 ENVIRONMENTAL HEALTH**  
 401-5<sup>th</sup> Ave, 11<sup>th</sup> Floor  
 Seattle, WA 98104  
 (206)296-4632

