

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

**Municipality of Anchorage  
Department of Health and Human Services**

**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