



**Maricopa County**  
Environmental Services Department

Environmental Health Division  
Variance/HACCP Program Coordinator  
1001 N. Central Ave., Suite 300  
Phoenix, Arizona 85004-1937  
Phone: (602) 506-6972  
Fax: (602) 506-6862

**Request for a Variance / Exemption**

1. Establishment Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Permit Number: \_\_\_\_\_
4. Contact Name: \_\_\_\_\_
5. Contact Phone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_
6. Type of Variance and Maricopa County Environmental Code Section Affected:

- |   |   |
|---|---|
| <input type="checkbox"/> Smoking of Food (§ 3-502.11) | <input type="checkbox"/> Live Molluscan Shellfish Tank (§ 3-502.11) |
| <input type="checkbox"/> Food Additives (§ 3-502.11)  | <input type="checkbox"/> Reduced Oxygen Packaging (§ 3-502.11)      |
| <input type="checkbox"/> Curing of Food (§ 3.502.11)  | <input type="checkbox"/> Custom Animal Processing (§ 3-502.11)      |
| <input type="checkbox"/> Outdoor cooking (§ 8-103.10) | <input type="checkbox"/> Mobile Food Establishment (§ 8-103.10)     |
| <input type="checkbox"/> Other _____ (§ 3-502.11)     | <input type="checkbox"/> Bare Hand Contact Exemption (§ 3-502.11)   |

Each variance requires an independent application. Requests for variance are covered under MCEHC Chapter VIII, Section 2, Regulation 1, Subsections 8-201.11 and 8-201.12. The entire Maricopa County Environmental Health code can be viewed at: <http://www.maricopa.gov/envsvc/envhth.asp>.

7. As of 7/21/06 Maricopa County will be collecting a fee for the processing of the variance. These fees are non-refundable and must be submitted prior to the review of the variance application. Failure to provide the processing fee will result in a denial of the application. Please check the type of variance you are submitting for:

<u>Variance Type</u>	<u>Fee</u>
Variance/Mobile Food Establishments: ____	\$255.00
Variance/Fixed Establishment: ____	\$90.00
Bare Hand Contact Exemption: ____	\$245.00

I hereby certify that the above information is correct. I have provided all relevant material to the best of my ability. I understand until such time as this variance is granted I must cease operations that require a variance. I understand that by submitting this application and processing fee in no way guarantees that my exemption will be approved. I understand that if this exemption is approved it can be revoked immediately during any official inspection.

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Maricopa County  
Office of Management  
and Budget  
301 W. Jefferson St, Ste 1070  
Phoenix, Arizona 85003-2143  
Phone: (602) 506-7280  
Fax: (602) 506-3063

(Date goes here)  
(Subject goes here)

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**OFFICIAL USE ONLY**

**Date Received:** \_\_\_\_\_ **Payment Type:** \_\_\_\_\_ **Check Number:** \_\_\_\_\_ **Receipt Number:** \_\_\_\_\_

Please Print Name

Signature

Date