

Variance Request Form Letter

Genesee County Health Department  
Environmental Health Services  
630 S. Saginaw St., Suite 4  
Flint, MI 48502-1540

Date:

Dear Environmental Health Supervisor:

I am a legal representative of the food service establishment referenced below. I am requesting a variance from the 2005 Food Code, which states in part:

**Section 8-103.10 Modifications and Waivers**

*“The regulatory authority may grant a variance by modifying or waiving the requirements of this Code if in the opinion of the regulatory authority a health hazard or nuisance will not result from the variance.”*

Specifically, I am requesting a variance from the following Food Code requirement:

- No mop sink.  
Food Code section 6-501.15. [Sinks used for food prep, hand washing or ware washing may not be used for disposal of mop water or similar liquid wastes.]
- Acoustical ceiling tile.  
Food Code section 6-201.11. [Floors, walls and ceilings must be smooth and easily cleanable].
- Two compartment sink.  
Food Code section 4-301.12. [Facilities must have a three compartment sink for manual dishwashing unless a method and limitations are approved by the local health department.]
- Other.  
Food Code section: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Below is a summary that explains why compliance with the requirement is excessively difficult and what alternative measures will be taken to eliminate the public health hazard addressed by the relevant Food Code sections. (Attach additional sheets if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Michigan Food Law of 2000, Act 92 as amended, Section 2129 (1) for having a **certified food manager** for the following reason(s):

\_\_\_\_\_ The establishment is a rental hall only and no food preparation is conducted on-site.

\_\_\_\_\_ The establishment has a limited food menu (attach complete menu for review).

\_\_\_\_\_ Other. Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If approval is granted, it is understood that any changes in the proposed menu, scope of operation, or facility may negate the approval.

I can be reached by phone at ( ) \_\_\_\_\_ if you have any questions or comments regarding this matter.

Sincerely,  
Proprietor/Manager/Owner  
(Please print name and address clearly below.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_