



NANTUCKET HEALTH DEPARTMENT
3 EAST CHESTNUT STREET
NANTUCKET, MASSACHUSETTS 02554
 Telephone 508.228.7200
 Fax 508.325.6117

BOARD OF HEALTH REGULATION
VARIANCE REQUEST
 \$20 per request

I am requesting: (Check one.)

- A variance of a Local Board of Health Regulation**
- A variance of a State Public Health Regulation (310 CMR 15, 105 CMR 590, etc...)**

Please write an explanation of the variance requested (use separate paper if needed):

Requestor Name: _____

Company Name: (if applicable) _____

Address: _____ MAP: _____ PARCEL: _____

Phone No. _____ Fax No. _____

Email: _____

Requestor's Signature: _____ Date: _____

Please be advised that the Health Department accepts variance requests up to one week before a scheduled Board of Health meeting. Applications received after this deadline will be placed at the subsequent scheduled meeting.

Received by: _____

Date: _____