



WINNEBAGO COUNTY HEALTH DEPARTMENT  
**MAIL TO:** P.O. Box 4009, Rockford, IL 61110  
 555 North Court Street Phone: 815-720-4100  
 Rockford, IL 61103 Fax: 815-720-4203  
 www.wchd.org E-mail: environmental@wchd.org

<b>FOR OFFICE USE ONLY</b>	
<b>Date Rec'd:</b>	_____
<b>Amt. Rec'd:</b>	_____
<b>Check/Cash:</b>	_____
<b>Receipt:</b>	_____
<b>Permit #:</b>	_____

**PETITION FOR VARIANCE - \$60.00**

Address where variance is being requested: \_\_\_\_\_  
 Person Requesting Variance: \_\_\_\_\_ PH: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Relationship to Property Being Considered: \_\_\_\_\_ (i.e. owner, prospective buyer, etc.)

Reason(s) for Requesting Variance: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This is a request for a variance from the requirement(s) of the Winnebago County Health Code, Chapter 9, Article # \_\_\_\_\_, Section(s) as follows:

	CODE SECTION	REQUIREMENTS	PETITIONER'S PROPOSAL
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

In filing this petition, I realize that if the Board of Health grants this variance, that I or we and all future owners shall be bound by the terms of the variance granted. The following exhibits are attached to support my request (i.e. site plan proposal, soil boring data, topographic survey data, flood plain data, engineering plans, etc.):

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

Please notify the following additional people of the date, \_\_\_\_\_  
 time and place the Committee will hear my petition: \_\_\_\_\_

I attest that this PETITION and all supportive material are, to the best of my knowledge, accurate and are as close as physically possible to the Winnebago County Code requirements.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

By typing your name in the signature box above, you are electronically signing this document.



**OFFICE USE ONLY:**

Policy Committee Meeting Date: \_\_\_\_\_

Members Present: \_\_\_\_\_

Recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_