

Primary ER: _____

SERVICE DETAIL

Permit Number: _____ Permit Level: _____

Number of Vehicles: Transport: _____ Non-Transport: _____

Substations: _____

VARIANCE REVIEW

Please list any variances that your agency is working under:

Reason for variance:

Date Board of Health variance was granted: _____

If more than 3 years old, do you wish to renew the variance? ___Yes ___No

If yes, please provide a letter requesting renewal of the variance, including an explanation of the need for the variance.