

**Morgan County Health Department  
Variance Request Application**

Name: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell/Work # \_\_\_\_\_

Property Address Requiring the Variance: \_\_\_\_\_

\_\_\_\_\_

Reason Variance is Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Required Information:

Size of Lot: \_\_\_\_\_ Water Supply Type: \_\_\_\_\_

List all existing structures on property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Building Permit: \_\_\_\_\_

Plat Map: \_\_\_\_\_

Soil Survey Report: \_\_\_\_\_

Paid \$100.00 Fee: \_\_\_\_\_