

Florida Department of Health in Volusia County Wells, Pumping Facilities and Irrigation Systems Variance Petition (Volusia Co. Ord. No. 2002-2003, Art. II)

Date:	Fee Submitted: Yes/ No P	ermit #:
System/Facility address:		
Owner's Name: Mailing Address: Email Address:	Phone #: mobile City	Home State Zip
Contractor's Name: Mailing Address: Email Address:	Phone #: mobile City	Home State Zip
Variance is requested from	n ordinance #:	
Specific ordinance deviation	on requested:	
Specify undue hardehin if	Ordinance is applied:	
Specify undue natusing in	Ordinance is applied:	
		(Attach supporting documentation)
Signature of Owner:		Date:
Official Date Stamp Rec'd:	VCHD Approval: Name/Signature:	
	Title/Date:	