



TOWN OF MILFORD
BOARD OF HEALTH

Milford Town Hall 52 Main Street, Milford MA 01757
Phone (508) 634-2315 Fax (508) 473-1380

VARIANCE REQUEST FORM

In general, full compliance with the provisions of State and Local Regulations is presumed to be necessary for the protection of public health, safety, welfare, and the environment. In situations where full compliance is not feasible, the Milford Board of Health may consider requests for relief or variances from these regulations. If you have a project or permit that needs approval, first check with the Health Agent to see if the case requires a public hearing before the Board of Health.

If your project requires a public hearing, please be sure to read this document carefully and follow all of the instructions. Requests to be heard before the Board of Health must be submitted to the office no later than 12:30 PM a week prior to the tentative meeting date. Incomplete or late submissions will result in a delay of your scheduled hearing.

1. Obtain a copy of the applicable Local Regulation from <https://www.milfordma.gov/health-department/webforms/regulations-guidelines> or State Regulation from DPH <https://www.mass.gov/lists/departments-of-public-health-regulations-policies> or DEP <https://www.mass.gov/septic-systems-title-5> that you need variances from.
2. Reference the specific provisions from the Regulations for which a variance is sought within the application. Follow the checklist and attach documentation as needed. The person requesting a variance is obligated to establish:
 - That enforcement of the provision of the Regulations from which a variance is sought would be manifestly unjust;
 - All of the relevant facts and circumstances of the individual case; and
 - That a level of environmental protection that is at least equivalent to that provided under the Regulations can be achieved without strict application of the provision from which a variance is sought.
3. Submit your completed application with all supplemental documentation and any application fees at least **one week** prior to the tentative meeting date. Incomplete applications will not be considered for the Agenda and postponed.

Request for Variance

1. Individual Submitting Request:

Name: _____ Phone: _____

Mailing Address: _____ Email: _____

City: _____ State: _____

Zip: _____

P.O. Box: _____ Fax: _____

2. Person/Organization seeking variance:

Name: _____ Phone: _____

Mailing Address: _____ Email: _____

City: _____ State: _____

Zip: _____

P.O. Box: _____ Fax: _____

3. Food Establishment(s) for Which Variance is Sought:

Include the following information for each food establishment: *(List here or attach additional pages if necessary).*

- Physical Location *(If different than mailing address):*

- Mailing

Address: _____

(Number, Street, City, State, and Zip Code)

- Phone Number: _____ Fax: _____

- Person in Charge in Establishment:

4. State how the proposal varies from each rule requirement, citing relevant rule sections by number:

(Attach additional pages if necessary.)

5. Explain how the potential public health hazards and /or nuisances will be alternatively addressed by the proposal. Include supporting studies, Hazard Analysis Critical Control Point (HACCP) Plan(s), standard sanitation operating procedures, and/or other evidence:

(Attach additional pages, if necessary.)

6. List how the proposal demonstrates the following *(if applicable to the request):*

A) How the proposal differs from what is common and usual in similar industry situations:

B) How the proposal is unique and not addressed in existing rules or law:

C) How the proposal does not diminish the protection of public health:

D) How the proposal is based on new scientific or technological principal(s):

E) How the implementation of the variance would be practical:

7. Explain how the person/organization seeking the variance will assure that all provisions of a granted variance will be enacted at each food establishment for which a variance has been granted:

8. List all affected parties known by the person/organization seeking a variance, including all affected regulatory authorities: *(Attach additional pages if necessary).*

9. Attach copies of any related variances, waivers or opinions issued by other government agencies.

10. Signature of individual Making Request:

Printed Name, Title:

