



Town of Reading
Public Health Department
16 Lowell Street, Reading MA 01867
Telephone: 781-942-6657



Public Health[®]
Prevent. Promote. Protect.

BOARD OF HEALTH REGULATION VARIANCE REQUEST FORM

I am requesting: (Check one.)

- A variance of a Local Board of Health Regulation**
- A variance of a State Public Health Regulation (105 CMR 410, 105 CMR 590, etc.)**

Please write an explanation of the variance requested (use separate paper if needed):

Requestor Name: _____

Company Name (if applicable): _____

Address: _____ MAP: _____ PARCEL: _____

Phone No. _____ Fax No. _____

Email: _____

Requestor's Signature: _____ Date: _____

Please be advised that the Health Department accepts variance requests up to one week before a scheduled Board of Health meeting. Applications received after this deadline will be placed at the subsequent scheduled meeting.

Received by: _____ Date: _____