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MEMORIAL BUILDING  
150 Concord Street, Room 205  
Framingham, MA 01702

### Variance Request Application

To request a variance from the Framingham Board of Health (BOH), complete the following application with all relevant and supporting information necessary to properly evaluate this request. Incomplete applications cannot be processed and will be returned to the applicant. Please print legibly.

#### Establishment Information

Date: \_\_\_\_\_  
Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_ Framingham, MA 0170 \_\_\_\_\_  
Phone Number: \_\_\_\_\_

#### Owner Information

Name of Owner: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

#### Person Responsible for Variance Procedures and Conditions

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

#### Request for Variance Information

List the section(s) of the regulation which you are requesting variance: \_\_\_\_\_

\_\_\_\_\_

Reason(s) the regulation cannot be met: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Alternative or additional protective measures to be taken to assure a comparable degree of protection to health or the environment: \_\_\_\_\_

\_\_\_\_\_

Length of time variance is requested for: \_\_\_\_\_

By checking this box, I understand if this variance request is granted, it is valid for the owner, the establishment and location listed above. The granted variance is Not Transferable. If the establishment is sold, the new owners must submit a new variance request.

A public hearing before the Framingham Board of Health will be scheduled once a complete application is received. You will be notified of the date, time and location of the BOH meeting.

Statement: I, \_\_\_\_\_ attest to the accuracy of the information in this application and agree to follow the procedures set forth in the approved variance.

Signature of Applicant: \_\_\_\_\_ Print: \_\_\_\_\_

**For Official Use Only**  
**Variance Request Decision from the Framingham Board of Health**

Date of Hearing: \_\_\_\_\_ Time: \_\_\_\_\_

Approved as submitted

Approved with the following condition(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disapproved – Reason(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This variance is specific to the establishment, location and the current owner set forth in the variance request application and is Not Transferable.**  
**Any changes to the approved variance request information as submitted will render this variance null and void.**