

Fee: \$75.00



**TRURO HEALTH &
CONSERVATION DEPARTMENT
24 Town Hall Road, Truro 02666**

APPLICATION FOR BOARD OF HEALTH VARIANCES

Date: _____

Property Owner's Name: _____

Mailing Address: _____

Address of Property: _____

Map and Parcel Number: Map # _____ Parcel # _____

Design Engineer/Sanitarian _____

Firm/Company Name: _____ **Phone #:** _____

Address: _____

Please check type of variance requested:

☐ **Title 5 Variance Request: Section** _____

☐ **Board of Health Variance Request: Section/Article** _____

Signature (Representative)

Date

Signature (Property Owner)