



**PART I. General Information**

Facility Name:	County Where Facility Is Located: <b>Snohomish</b>
Facility Address Street: City:                      State:              Zip:	Current Solid Waste Permit Number:  Expiration Date:
Name of Applicant:  Company Name, Government Entity, etc:  Applicant's Position in Company or Government Entity:	Applicant is: <input type="checkbox"/> Facility Owner <input type="checkbox"/> Facility Operator <input type="checkbox"/> Other(specify)
Applicant Mailing Address Street: City:                      State:              Zip:	Applicant Phone:  Applicant Email:

**PART II. Variance Specific Information**

List All Applicable Code Citations:
Description of Variance:

### **PART III. Signature of Applicant**

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

\_\_\_\_\_  
(Applicant's Name – Printed)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

### **PART IV. Snohomish Health District**

- Approve
- Disapprove

See attached letter stating comments and conditions.

\_\_\_\_\_  
(Name – Printed)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)