



DOMINICK PANGALLO
MAYOR

CITY OF SALEM, MASSACHUSETTS

BOARD OF HEALTH
98 WASHINGTON STREET, 3RD FLOOR
SALEM, MA 01970
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Public Health
Prevent. Promote. Protect.

DAVID GREENBAUM, RS, CHO
HEALTH AGENT

Variance Request Procedure

A variance request pursuant to 105 CMR 590.000/Federal Food Code

Variance Procedure Pursuant to Section 105 CMR 590.010

- Step 1:** Petitioner submits written variance request to the Board of Health office, either by hand or certified mail. A proper submittal shall include the following:
- Properly filled out application.
 - Appropriate fees paid.
 - Two (2) sets of plans, if applicable.
 - Certified abutters list from the Assessor's Office which must be dated within sixty (60) days of submission.
 - Documentation supporting petitioners request.
 - Any pertinent information deemed necessary o set a hearing date.
- Step 2:** Office sets hearing date before the Board of Health after proper submission has been determined.
- Step 3:** Petitioner notifies abutters by Certified Mail, Return Receipt Requested, at least ten (10) days before hearing. Notification shall include the variance the petitioner is seeking, reasons therefore, and also the date, time and place for the scheduled hearing.
- Step 4:** Certified mail slips stamped by the post office shall be provided to the Board of Health office seven (7) days prior to the scheduled hearing with a copy of the notification to abutters.
- Step 5:** The night of the scheduled hearing, the petitioner shall provide, evidence to the Board, the post office return receipt cards (green cards).



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Application for a Variance
Pursuant to Section 105 CMR 590.010

DATE _____

Name of Company/Applicant _____
Mailing Address _____
Name of Contact Person _____
Title _____ Telephone Number _____

STATE WHICH REGULATION CHAPTER(S) YOU WISH TO SEEK A VARIANCE
OF

State the reasons you feel the Board of Health should grant your requested variance.
Submit all necessary documentation to support your request. Use additional pages if
necessary.

INCOMPLETE APPLICATIONS WILL DELAY FURTHER REVIEW AND PROCESSING

Print Name of Applicant _____

Signature of Applicant _____

Date _____

