



# CITY OF GLOUCESTER

Health Department  
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Gloucester, Massachusetts 01930  
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**Public Health**  
Prevent. Promote. Protect.

## VARIANCE APPLICATION

Variance Application Fee - \$75.00 \_\_\_\_\_

DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

ASSESSOR'S MAP & LOT NUMBER: \_\_\_\_\_

OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(if different than applicant)

MAILING ADDRESS: \_\_\_\_\_

REPRESENTATIVE (IF APPLICABLE) \_\_\_\_\_

Certain regulations require abutter notification prior to a public hearing. If necessary for your application abutters adjacent to and across the street from subject property may be obtained from the Assessor's Office, City Hall. It is the responsibility of the owner or agent to notify abutters regarding this petition by certified mail at least ten (10) days prior to the Board of Health meeting at which this request will be reviewed. Contact the Health Department Office to inquire as to the meeting date when this request will be reviewed. Failure to properly notify abutters may be grounds for denial of the petition.

On the reverse, please describe the specific variance requested and the reasons therefore. Supply 7 copies of any plot plan, septic system designs, or other information necessary for proper review of this application.

\_\_\_\_\_  
SIGNATURE OF APPLICANT, DATE

\_\_\_\_\_  
REVIEWED BY, DATE

**VARIANCE REQUEST 1**

Regulation Name: \_\_\_\_\_

Regulation Section: \_\_\_\_\_

Reason for Variance Request: \_\_\_\_\_

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**VARIANCE REQUEST 2**

Regulation Name: \_\_\_\_\_

Regulation Section: \_\_\_\_\_

Reason for Variance Request: \_\_\_\_\_

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**VARIANCE REQUEST 3**

Regulation Name: \_\_\_\_\_

Regulation Section: \_\_\_\_\_

Reason for Variance Request: \_\_\_\_\_

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**VARIANCE REQUEST 4**

Regulation Name: \_\_\_\_\_

Regulation Section: \_\_\_\_\_

Reason for Variance Request: \_\_\_\_\_

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**VARIANCE REQUEST 5**

Regulation Name: \_\_\_\_\_

Regulation Section: \_\_\_\_\_

Reason for Variance Request: \_\_\_\_\_

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