

**PUBLIC HEALTH AND  
SOCIAL SERVICES DEPARTMENT  
ENVIRONMENTAL HEALTH DIVISION  
412 Lilly Road NE  
Olympia, WA 98506-5132  
(360) 867-2644 TDD 711 or 1-800-833-6388**



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**ARTICLE II  
REQUEST FOR WAIVER FROM SANITARY CODE PROVISIONS**

Whenever a strict interpretation of a code would result in significant hardship, a person may request a waiver of the provision causing hardship before the Administrative Hearings Officer. Complete the application, provide information as requested below and submit to our office with the appropriate fee.

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

\_\_\_\_\_ Administrative Review of Waivers or Variances; \$450.00 non-refundable fee

\_\_\_\_\_ Administrative Hearing, before the Hearings Officer, of Waivers and Variances Requested by the Applicant; \$1,005.00

**Requestor's Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Permit Applicant's Information:** (if different from requestor's information)

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Property Owner's Name and Mailing Address:**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Food Service Establishment Information:**

Establishment Name: \_\_\_\_\_  
Establishment Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Receipt Date: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Receipt No.: \_\_\_\_\_ Received By: \_\_\_\_\_

**---- Continued On the Reverse Side ----**

## **Waiver Request Information:**

### **Thurston County's Sanitary Code Article I, Section 13.1 Information Required for the Submission of a Request for Waiver of Code Provisions.**

Any person requesting a waiver pursuant to Section 13.1 shall provide the following information to the health department:

- Completed application.
- Corresponding fee.

A summary of the nature of the request:

Site code provision requested to be waived: (Specify the particular number from Chapter 246-215 WAC and/or the Article II number for which a waiver is being sought. You must include the information required by section 8-103.11 of the *Food Code*.)

List the specific hardship that will be caused by following the required code and the reasons that the code provision cannot be met:

The waiver must contain justification describing how it is consistent with the purpose and objectives of Article II to meet public health intent of Article II.

Summarize alternatives that exist for this issue:

State whether a hearing before the Administrative Hearing Officer is requested (if so, note that the fee is \$1,005.00):

List of all persons required to be given notice of the waiver request and their addresses as noted in Article I, Section 13.2, if applicable:

Applicant may attach any information such as maps, drawings or documents for review. The documents must be smaller than 11 inches x 17 inches.

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----THIS SECTION COMPLETED BY HEARING OFFICER-----

**Administrative Information:**

Case Handler: \_\_\_\_\_

Options or Alternatives: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requirements/Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Administrative Decision: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This request for waiver from the regulations has been reviewed. The review criteria applied and the mitigation measure proposed and/or required, have been evaluated for their ability to provide public health protection at least equal to that provided by this section of Article II.

- Approved/Granted - Subject to all comments, conditions and requirements noted above.
- Denied - The proposed options do not provide an equivalent level of assurance of public health to justify the waiver from the regulation.

If your request is denied, you may request a hearing before the Board of Health by completing the appropriate application and paying the fee of \$1,005.00 within **(15) calendar days** from the date the hearing officer's final decision. A **closed record** appeal will be scheduled before the Board of Health within 50 days of the date the appeal was filed. The Board will consider the appeal application and the official record created during the administrative hearing process.