

VARIANCE APPLICATION FOR N.D.C.C. 23-12-10(2)

Central Valley Health District
122 2nd Street NW Jamestown ND 58401
701.252.8130 FAX 701.252.8137 www.centralvalleyhealth.org

Date of request: _____ Email Address: _____

Owner/Manager: _____ Phone Number: _____

Establishment Name: _____

Address: _____

(Street)

(City)

(Zip)

Requests a variance from North Dakota Century Code (N.D.C.C.) 23-12-10(2) regarding prohibiting smoking within 20 feet of entrances, exits, operable windows, air intakes and ventilation systems of enclosed areas where smoking is prohibited so as to ensure that tobacco smoke does not enter into an enclosed public place or place of employment.

Describe the unique circumstances of your business that explains why a variance is needed. _____

I will meet the intent of N.D.C.C 23-12-10(2) with clear and convincing evidence to ensure smoke will not infiltrate or reach entrances, exits, windows that open, air intakes or ventilation systems or enter into such public places or places of employment and, therefore the public health and safety will be adequately protected by a lesser distance. Describe how this intent will be met. _____

Signature of Owner/Manager: _____

**NOTE: A review fee of \$300.00 must be remitted with this application. NONREFUNDABLE
This application will be returned to you if payment is not included.**

Attach additional comments and drawings identifying proposed alternative.

Evaluation of proposed variance: _____

Recommend Approval: Yes No _____

(Signature and Title of Evaluator)

(Date)

Approved with the following conditions and deadlines: _____

Recommend Approval: Yes No _____

(Signature of Local Public Health Administrator)

(Date)