



**UTAH DEPARTMENT OF HEALTH  
DIVISION OF FAMILY HEALTH AND PREPAREDNESS  
BUREAU OF HEALTH FACILITY LICENSING AND CERTIFICATION**

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**UTAH DEPARTMENT OF  
HEALTH**

Version 11/01/2016

## LICENSING VARIANCE APPLICATION

### IDENTIFYING INFORMATION

Name of Facility		Telephone Number	
Address	City	State	Zip Code

### VARIANCE INFORMATION

To discontinue a previously approved variance check the box below, list the previous variance number, effective date and sign the certification of request.

Discontinue a Previously Approved Variance <input type="checkbox"/>	Previous Variance Number	Effective Date
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State Rule (include title and section)	Start Date of Variance Request	End Date of Variance Request

Individual for Whom the Variance is Requested

### FACTS FORMING BASIS FOR VARIANCE

The specific reason for the request including why compliance with the rule cannot be accomplished. (Use additional sheets if necessary)

Explain how the health, safety, and welfare of all patients or residents will be maintained if the variance request is granted. (Attach additional sheets if necessary)

If the variance involves the physical structure or equipment, describe the specific location within the facility in which the variance will be utilized. (Attach additional sheets if necessary)

**CERTIFICATION OF REQUEST**

Administrator/Designee  Date

Administrator/Designee Signature

**STATE USE ONLY**

Variance Number	Manager Recommendation	Final Bureau Action
Date Received	Rule <input style="width: 250px;" type="text"/>	
<div style="border: 1px solid black; height: 180px;"></div>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
	<input type="checkbox"/> Not Required <input type="checkbox"/> Not Needed	<input type="checkbox"/> Not Required <input type="checkbox"/> Not Needed
	Effective Date <input style="width: 180px;" type="text"/>	Effective Date <input style="width: 180px;" type="text"/>
	End Date <input style="width: 180px;" type="text"/>	End Date <input style="width: 180px;" type="text"/>
	Reviewer Name <input style="width: 180px;" type="text"/>	Reviewer Name <input style="width: 180px;" type="text"/>
	Review Date <input style="width: 180px;" type="text"/>	Date <input style="width: 180px;" type="text"/>