



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

NEVADA STATE BOARD OF HEALTH

APPLICATION FOR VARIANCE

Please check the appropriate box that pertains to the NAC for which you are requesting a variance.

- ☐ Division Administration (NAC 439, 441A, 452, 453A, & 629)
- ☐ Child, Family, & Community Wellness (NAC 392, 394, 432A, 439, 441A, & 442)
- ☐ Public Health & Clinical Services (NAC 211, 444, 446, 447, 583, & 585)
- ☐ Health Care Quality & Compliance (NAC 449, 457, 459, & 652)
- ☐ Office of State Epidemiology (NAC 440, 450B, 452, 453, 453A, & 695C)

Date:

Applicant Name:

Phone Number:

Mailing Address:

Date of initial operation (if existing):

"We do hereby apply for a variance to the Nevada Administrative Code,"

NAC:

Title of code section in question:

Statement of existing or proposed conditions in violation of the code in question:

Statement of degree of risk of health:



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Attention: Please read this section closely. Your request for variance will be examined against these criteria:

Any person who, because of unique circumstances, is unduly burdened by a regulation of the State Board of Health and thereby suffers a hardship and the abridgement of a substantial property right may apply for a variance from a regulation. (NAC 439.200(1)).

1. The State Board of Health will grant a variance from a regulation only if it finds from the evidence presented at the hearing that:
 - a. There are circumstances or conditions which:
 - (1) Are unique to the applicant;
 - (2) Do not generally affect other persons subject to the regulation;
 - (3) Make compliance with the regulation unduly burdensome; and
 - (4) Cause a hardship to and abridge a substantial property right of the applicant; and
 - b. Granting the variance:
 - (1) Is necessary to render substantial justice to the applicant and enable them to preserve and enjoy their property; and
 - (2) Will not be detrimental or pose a danger to public health and safety.
2. Whenever an applicant for a variance alleges that they suffer or will suffer economic hardship by complying with the regulation, they must submit evidence demonstrating the costs of compliance with the regulation. The Board will consider the evidence and determine whether those costs are unreasonable. (NAC 439.240)

Therefore, it is important for your variance request to be as complete as possible. It is your responsibility to attach documentation supporting your variance request.



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Please state in detail the circumstances or conditions which demonstrate that:

1. An exceptional and undue hardship results from strict application of the Regulation:

2. The variance, if granted, would not:
 - a. Cause substantial detriment to the public welfare:

- b. Impair substantially the purpose of the regulation from which the applicant seeks a variance:



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The program may require the following supporting documentation to be submitted with and as part of this application:

1. Specifics of the request:
2. A legal description of the property concerned
3. General area identification map of the property concerned
4. A plot map showing locations of all pertinent items and appurtenances
5. A well log (if applicable)
6. Lab reports (if applicable)
7. Any engineering or construction/remodeling information
8. Other items to be attached

This application must be accompanied by evidence demonstrating the costs of your compliance with regulations or specific statutory standards. Your request will be placed on the following Board of Health agenda 40 days or more after receipt by the office, if accompanied by the required fee (NAC 439.210). The application and supporting documentation will form the basis for the program staff report and recommendation(s) to the Board. Failure to respond to the above statements may cause the Board to deny consideration of the application at the requested Board meeting

☐ "I am/we are requesting this application for variance be placed on the next regularly scheduled Board of Health agenda. It is understood that I/we can attend the meeting in person, at either physical location, and/or we may attend virtually."

Applicant Signature: _____

Printed Name: _____

Title: _____

Date: _____



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Please submit your application for variance by using any of the following methods:

MAIL TO:

Secretary, State Board of Health
Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV 89706

FAX:

(775) 687-7570

EMAIL:

DPBH@health.nv.gov
StateBOH@health.nv.gov