



3245 E. JEFFERSON, SUITE 100
DETROIT, MICHIGAN 48207
(313) 876-0135
WWW.DETROITMI.GOV/FOODSAFETY

SUPPLEMENTAL INFORMATION (IF APPLICABLE)

Make and Model Number: _____

Proposed Use _____

Equipment ELECTRICAL (KW/HR) _____ GAS FIRED (BTU/HR) _____ OTHER (STATE TYPE) _____

ATTACH THE FOLLOWING (IF APPLICABLE)

- A. A floor plan to scale of the existing and proposed equipment.
- B. Manufacturer's specifications
- C. Manufacturer's instructions for installation, maintenance and cleaning
- D. Variances from other health department jurisdictions

Applicants Signature

Date

AUTHORIZED AGENT DESIGNATION

I HEREBY AUTHORIZE _____ (Name of Applicant) TO ACT AS MY AGENT IN APPLYING FOR A FOOD SERVICE VARIANCE FROM THE DETROIT HEALTH DEPARTMENT AS OUTLINED IN THE ABOVE INFORMATION.

SIGNATURE OF OWNER

DATE

OFFICE USE ONLY

DENIED: _____ APPROVED BY: _____ DATE: _____ VARIANCE NO. _____