



**UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LICENSING & BACKGROUND CHECKS
OFFICE OF LICENSING**

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Version 07/01/2022

LICENSING VARIANCE APPLICATION

IDENTIFYING INFORMATION

| | | | | | | | |
|------------------|----------------------|------------------|----------------------|-------|----------------------|----------|----------------------|
| Name of Facility | <input type="text"/> | Telephone Number | <input type="text"/> | | | | |
| Address | <input type="text"/> | City | <input type="text"/> | State | <input type="text"/> | Zip Code | <input type="text"/> |

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 | <input type="text"/> | Effective Date | <input type="text"/> |
|---|--------------------------|----------------------|----------------|----------------------|

State Rule (include title and section)

Start Date of Variance Request

End Date of Variance Request

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

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 Office 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"/> |