



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

Bismarck Environmental Health
1020 E Central Ave.
Bismarck, ND 58501
(701) 355-1400



Establishment Name: _____

Address: _____

Phone Number: (____) _____ Owner/Manager: _____

1. Describe the **“unique circumstances”** of your establishment and explain why a variance is needed from North Dakota Century Code (N.D.C.C.) 23-12-10(2) (attach additional comments if necessary): _____

2. Explain using **“clear and convincing evidence”** how you will meet the intent of N.D.C.C 23-12-10(2) 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 (attach additional comments if necessary): _____

3. Attach a drawing of your facility (on an 11”x 8.5” sheet of paper at minimum) with the following:
1. All proposed alternative smoking areas within twenty feet of entrances, exits, operable windows, air intakes and ventilation systems of enclosed areas (including adjacent structures).
2. The distance from the proposed alternative smoking areas to each entrance, exit, operable window, air intake and ventilation system within twenty feet (including adjacent structures).

Signature of Owner/Manager: _____ Date: _____

BOTTOM PORTION FOR OFFICE USE ONLY

Evaluation of proposed variance: _____

Recommendation for Approval: Yes No _____
(Signature and Title of Evaluator) (Date)

Approved with the following conditions: _____

Approval: Yes No _____
(Signature of Local Public Health Administrator) (Date)