

South Carolina **DEPARTMENT OF AGRICULTURE** RETAIL FOOD SAFETY & COMPLIANCE DEPARTMENT 250 Pallard Court West Columbia SC 20172

350 Ballard Court, West Columbia, SC 29172

Hugh E. Weathers, Commissioner

SC REGULATION 61-25, RETAIL FOOD ESTABLISHMENTS REQUEST FOR A CONSTRUCTION/EQUIPMENT VARIANCE

Date	Permit Number If issued
Retail Food Establishment/Organization Name	
Physical Address	
City	State Zip
Are you applying for multiple locations? 🛛 Yes 🗌 No	If yes, please attach a list of facilities to this application.
Person in Charge (Owner)	
Phone	Email
Variance Requested For 🛛 Construction 🔷 Equipment	
Per Regulation 61-25, Section 8-103.10 — Modifications and W	laivers
	ion procedure inconsistent with the regulation or use materials are may be requested from the Department. Such a request shall:

- 1. Be submitted in writing, and
- 2. Include a description of the material(s), equipment, and/or construction procedure(s) proposed, and
- 3. *<u>Identify</u> the material, equipment and/or procedure required by the regulation, and attach proof of equivalency e.g. equipment specification sheets, pictures, or information about material composition of the equipment.

*Reference Regulation 61-25 Sections 4-1 Materials for Construction and Repair, and 4-2 Design and Construction.

 Owner/Person in Charge Signature
 Name (print)
 Submittal Date

 RETURN BY EMAIL OR MAIL TO
 SCDA USE ONLY

 SCDA Retail Food Safety & Compliance
 SCDA USE ONLY

 food-variances@scda.sc.gov
 The request is:
 Approved

 350 Ballard Court
 Comments
 SCDA

 West Columbia, SC 29172
 SCDA
 Date

Personal information provided on this document is subject to public scrutiny or release.



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INSTRUCTIONS FOR COMPLETING REQUEST FOR A CONSTRUCTION/EQUIPMENT VARIANCE

INSTRUCTIONS

- 1. Provide the date.
- 2. Provide the permit number if one has been assigned to the establishment.
- 3. Provide the establishment name.
- 4. Provide the establishment's physical address to include the city and zip code.
- 5. If the request will apply to multiple locations, mark the box and attach a list of facilities to include the establishment name (if different from the one provided in item 1.), and physical address to include city and zip code.
- 6. Provide the name of the person in charge or owner.
- 7. Provide a contact telephone number including the area code.
- 8. Provide the contact email address.
- 9. Mark the box indicating the type of variance requested.
- 10. Form should be signed and dated by the person in charge (owner).
- 11. Submit form along with supporting documentation for the variance, to the email or mailing address provided on this form.

OFFICE MECHANICS & FILING

This form is maintained under the retention schedule 11701 - Retail Food Establishments.