



(C) Provide the amount of time for which the variance is requested, if applicable:

\_\_\_\_\_ Days      \_\_\_\_\_ Weeks      \_\_\_\_\_ Months

(D) If this variance request is approved, what plans, provisions and timetables are in place for achieving full compliance with the Minimum Standard at issue such as adding to the MFC, etc. (Use additional sheets to provide additional supporting documentation, if necessary)

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(E) If this variance request pertains to housing additional inmates, please provide the square footage for the housing area(s) at issue as well as the number of sinks, shower and toilets for that area.

Housing Area (Name and type, i.e. 1 North, dorm, linear)	Square Footage	Number of Sinks	Number of Showers	Number of Toilets

(F) Has this variance been previously approved and subsequently expired or been denied?

Yes \_\_\_\_\_ If yes, include the variance number \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature (Sheriff) (Chief Administrative Officer)

\_\_\_\_\_  
Date