Variance Application

To All Variance Applicants:

The following items must be submitted by the first day of the month in which you wish to have your variance request heard by the Board of Health. **Failure to have all items in this checklist submitted by the first day of the month will result in your variance request being delayed until the following month.** We are sorry, but no exceptions can be made. Be advised: The Board of Health normally meets the last Tuesday of the month.

Once submitted, this application will be handled as a public document of this agency, along with any supporting documentation that is submitted. Your request will be heard by a subcommittee of the Board of Health and their recommendation will be given to the Board of Health at its regular meeting. You will receive a letter of invitation to these meetings. You are encouraged to attend these meetings and provide additional testimony on your behalf. Please note that only the property owner may apply for a variance.

**VARIANCE CHECKLIST**

*Variance will not be accepted unless all items are completed at the time of submittal.*

*Use additional paper if necessary*

1. Name of Owner:__________________________________________________________
   Current Address:_________________________________________________________
   Telephone #:_____________________________________________________________

2. Address of property in question:___________________________________________
   Township/Village:_________________________________________________________
   Existing House (Y/N):_________ if yes, number of bedroom:__________________
   Existing Lot(s) (Y/N):_________ if yes, lot size(s):_____________________________
   Subdivision (if applicable):________________________________ Date of subdivision approval:_____

3. Are you wanting to create a new lot(s)?___________if yes, how many?________

4. Reason for requesting variance: Lot size(s)(Y/N)_________ Experimental System (Y/N):________
   Distance to lot lines/structure (Y/N):__________ Other:__________________________

5. What is your hardship? ___________________________________________________
   _______________________________________________________________________

6. What is the water supply for this lot? (Provide location on plan):______________

7. What are you proposing instead of following existing rule? ______________________
   _______________________________________________________________________

8. Provide documentation, if possible, of any other government body granting such a variance. If not possible, do you know of any similar situation? (Y/N)________ if yes, where?______________
   Name of contact person familiar with system:______________________________ Phone #:________________

9. List adjacent property owners name and address:

North: ______________________  South: ______________________  East: ______________________  West: ______________________

North: ______________________  South: ______________________  East: ______________________  West: ______________________

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10. Additional information that may be required prior to subcommittee meeting:

Floor Plan: __________  Pictures of Site: __________  Other: __________

11. You must provide a development plan showing:

___ Property lines with dimensions  ___ Location of all existing buildings
___ Driveway location  ___ Topography in 1’ intervals
___ Water supply location  ___ Soil type boundaries with % slope
___ Existing or proposed easements  ___ Soil report from certified soil scientist
___ Distance from foundation to nearest accessible central sewer line
___ Type and size of primary and secondary sewage systems existing or proposed

INDEMNITY AND HOLD HARMLESS:

Property Owner shall indemnify and hold free and harmless the Delaware General Health District and its board, officers, agents and employees from any and all damages, injury, costs, expenses, judgments or decrees, or any other liabilities whatsoever that they may incur as a result of the granting of this variance, to the extent caused in whole or part by any negligent acts, errors or omissions of the Property Owner, its employees, agents, contractors, subcontractors, and their employees and agents’ subcontractors and their employees or any other person for whose acts any of them may be liable.

The Board of Health must decide if your request is contrary to public interest and meets the spirit and intent of the rules. If you know of any additional documentation to support your request, please attach it to this application.

Signature of Owner: __________________________________________

OFFICE USE ONLY

All documentation submitted: __________  NPDES permit required: __________  
(Date)  (Date)

Scheduled for subcommittee: __________  Property owners notified: __________  
(Date)  (Date)

Any supporting permit number(s): __________  Type of Variance: __________

Consistent with prior action on hardship and/or type of system: __________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Attatch adjacent property owners’ comments.

Action Taken: Approved: __________  Disapproved: __________  By: __________

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RSU 10-2016