Delaware General Health District

Dedicated to Your Health

Division of Environmental Health

1 West Winter Street, 2nd Floor, P.O. Box 570, Delaware, Ohio 43015 Phone: (740) 368-1700 Fax: (740) 368-1736

Administrative Variance Application

Only the property owner may apply for a variance. Any deviation from an approval will cause such approval to be null and void.

1. Name of Owner:_____
   Current Address:_____
   Telephone #:_____

2. Address of property in question:_____
   Township/Village:_____

3. Reason for requesting variance: [ ] Minimum isolation distance [ ] Use of septic tank for 120 days
   [ ] Changes to approved subdivisions [ ] Contractor CEUs
   [ ] Septage hauler inspection from another county

4. What is your hardship? _____
   _____

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

6. What are you proposing instead of following existing rule? _____
   _____

7. If this will encroach on another property/easement, please provide written correspondence from the property/easement owner approving of the variance.

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: _____Date_____

OFFICE USE ONLY

Date documentation submitted :_____ Consistent with BOH policy: [ ] Yes [ ] No

Type of Variance: [ ] 3701-29-06 [ ] 3701-29-03 [ ] 3701-29-08 [ ] 3701-29-18

Supporting permit numbers and/or DGHD inspections:_____Date:_____

Date Approved:_____Date Disapproved:_____By:_____

Date Approved:_____Date Disapproved:_____By:_____

HDIS Entry by:_____ Date:_____