Board 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 #: ______________
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

9. List adjacent property owners name and address:
   North    South    East    West
   ____________________________________________
   ____________________________________________
   ____________________________________________

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)
Scheduled for subcommittee:_______________  Property owners notified: _______________  (Date)
Any supporting permit number(s):_______________  Type of Variance:________________________
Consistent with prior action on hardship and/or type of system._____________________________________

____________________________________

Attach adjacent property owners’ comments.

Action Taken: Approved:_______________  Disapproved:_______________  By:_____________________
Action Taken: Approved:_______________  Disapproved:_______________  By:_____________________  RSU 10-2016