

VARIANCE REQUEST

Fee _____

Variance# _____

Property Owner _____ Phone _____

Mailing Address _____ City _____ Zip _____

Property Address _____ Township _____

1. APPLICABLE CODE SECTION

___ OAC 3701.29.02(b) Black Water Holding Tank Variance:

If granted, this variance allows the temporary use of a partially completed Household Sewage Treatment System. The HSTS must be completed and operational no later than _____, at which time this variance expires. The property will be in violation of Ohio law if the residence is occupied and the HSTS installation is not completed and approved by this date. The Clermont County Board of Health will bring action against the property owner to compel compliance and may require that the residence be vacated until such time as compliance is achieved.

___ OAC 3701.29.13.(D)1 Vertical Separation Distance Variance

___ OAC _____ Reason for Variance Request:

2. This variance is contingent upon compliance with conditions of the Clermont County General Health District as set forth in the following attachments:

Variance conditions for Onsite Sewage Disposal Systems

Signature of Property Owner / Agent

Date

Health District Staff Recommendation

Staff Signature

Title

Date

Approved _____ Disapproved _____

Clermont County Board of Health

Date