Sewage Treatment System Rules Variance Application

Action Taken:

Approved

Disapproved

Health Commissioner/Hearing Officer



Fee Paid				Р	REVENT. PI	ROMOTE. PROTE
Receipt #		Date				
SVAR		Rec	Received by			
Residential	Commercial	New Construction	Pre-Existing Structure	HSTS	SFOSTS	GWRS
Site Location	Address		Tow	nship, Villag	je, Contracting	City
Property Owner First Mailing ad		Last				
		dress	ress Phone			
	City	State	e Zip			
Reason for Varia	nce Request:					
ist the specific o	code section(s) f	from which you are s	seeking a variance: OAC	3701-29-		
5. The request. 6. The request.	uest will not ad uest will not ca	trary to the public's lversely affect Publ luse contamination conflict with ORC 3	ic Health of the Environment			
By signing below	, I understand a	and agree:				
 If grante date, or If I do no installation 	d, the variance wasooner, as outling to comply with the comply with the manilton the Hamilton	will expire one year f ned in other orders if ne conditions set forth n County Public Heal	county Public Health and rom granted date and all a nuisance, safety hazan by the Hamilton County th will bring action again il such time as compliance.	work murd or othe Public H st me to c	st be compler violation a lealth, or I do compel comp	eted by that re present. o not complete
Signature of Ow	ner					Date
Comments:		Of	fice Use Only			
Recommendation	on: Appro	oval Disappro	valSanitarian's Signature			Date
Recommendation	on: Appro	oval Disappro	val Director's Signature			 Date

Date