



# UNION COUNTY

## HEALTH DEPARTMENT

940 London Ave, Suite 1100, Marysville, OH 43040  
(937) 642-2053 www.uchd.net

### Environmental Health Variance Request Form

Owner Name: \_\_\_\_\_ Phone Number: (    )    - \_\_\_\_\_

Property Address: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Letter to board of health

Your letter should include the type of variance, why it is needed and what you are proposing in place of the rule. It must be received before the second Wednesday of the month to be included in the current month's BOH report.

The board meets on the third Wednesday of the month from 7:30 to 11:00am. Your presence is encouraged at the meeting to provide additional information if needed. You will receive a letter following the board meeting outlining the board's decision.

#### Variance Type:

Sewage      Water      Food      Other: \_\_\_\_\_

Briefly describe your variance: \_\_\_\_\_

Site plan should include: property lines with dimensions, scale, north arrow, driveway location, water supply location, location of existing structures, primary and secondary septic system components and fields, existing/proposed easements, any proposed structures related to this variance request,

Please attach all supporting documents. ie: site plan drawing, Board of health letter, HACCP plans etc

**NO INCOMPLETE APPLICATIONS WILL BE ACCEPTED** -this includes the variance request fee.

Owner Signature \_\_\_\_\_

Date \_\_\_\_\_

#### Office Use Only

Date fee collected: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Receipt Number: \_\_\_\_\_

Code variance is in conflict with: \_\_\_\_\_

Date received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_       Staff recommendation included

Date of BOH review: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

BOH ruling:    Approved    Disapproved    Need more info    Other: \_\_\_\_\_

Date notified requestor: \_\_\_\_ / \_\_\_\_ / \_\_\_\_