



**Environmental Health Regulation Variance Request**

Fee: \$150.00 Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Receipt # \_\_\_\_\_

**To All Applicants:**

The following items **MUST** be submitted in person or mail by the **FIRST** day of the month in which you wish to have your request be heard by the Board of Health. **Failure to have ALL items submitted by the first business day of the month may result in your request being delayed until the following month.** Be advised: the Board of Health normally meets the third Monday of the month. Meeting schedule can be seen on the Morrow County Health District’s website ([www.morrowcountyhealth.org](http://www.morrowcountyhealth.org)). You, or your designee, must attend the meeting and, if necessary, provide additional testimony on your behalf.

**GENERAL INFORMATION**

Property Owner’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Owner’s Address: \_\_\_\_\_

Variance Location: \_\_\_\_\_

Twp./Village/City: \_\_\_\_\_

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

**SPECIFIC VARIANCE REQUESTED** (Use additional sheets if needed)  Sewage  Private Water

Code Section from which the variance is requested: \_\_\_\_\_

Details of request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Assurances**

**Attach plans or provide an explanation demonstrating that the variance meets the following conditions:**

- No substantial health hazard or nuisance is likely to occur
- Strict compliance with the code requirements would result in unnecessary or unreasonable hardship to the petitioner
- No state or local statute, or other applicable laws would be violated
- The protection of the health, safety, and general welfare of the public is assured

**REGISTERED/LICENSED PROFESSIONAL**

I, \_\_\_\_\_, a registered/licensed professional \_\_\_\_\_ hereby certify that a variance to the Ohio Administrative Code Rules (OAC). OAC Rules is necessary because site conditions prohibit complete compliance with all the OAC Rule requirements. In my judgment, the proposed design on the attached Application is the best alternative available and should function properly.

\_\_\_\_\_  
*Signature of Contractor*

\_\_\_\_\_  
*Date*

**PROPERTY OWNER**

I, \_\_\_\_\_, am the owner of the subject property. I understand that the installation on the Application is NOT in total compliance with the OAC rules. Should the proposed system malfunction, I release all concerned, provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Health District in the event of any system failure and make any corrections required by the OAC Rules. By signing this variance form, I acknowledge permission for representatives of the District to enter onto the property to perform such duties as may be necessary to evaluate the variance request.

\_\_\_\_\_  
*Signature of Property Owner*

\_\_\_\_\_  
*Date*

**REGISTERED SANITARIAN – OPINION**

The inspector shall review all variance requests prior to rendering an opinion

I, \_\_\_\_\_, have visited the above property and find that the conditions ( DO  DO NOT) prohibit full compliance with the OAC Rules. The variance request submitted by the applicant ( IS  IS NOT) the best alternative available for this property. The proposed system ( DOES  DOES NOT) increase the likelihood that a health hazard or nuisance condition will occur. Therefore, I ( DO  DO NOT) recommend approval of the requested variance.

\_\_\_\_\_  
*Signature of Registered Sanitarian*

\_\_\_\_\_  
*Date*

**ENVIRONMENTAL HEALTH DIRECTOR – OPINION**

The Environmental Health Director shall review all variance requests prior to submitting to the Health Commissioner

I, \_\_\_\_\_, have reviewed the variance request submitted by the applicant, and I have concluded that it ( IS  IS NOT) the best alternative available for this property. The proposed system ( DOES  DOES NOT) increase the likelihood that a health hazard or nuisance condition will occur. Therefore, I ( DO  DO NOT) recommend approval of the requested variance.

\_\_\_\_\_  
*Signature of Environmental Health Director*

\_\_\_\_\_  
*Date*

**HEALTH COMMISSIONER RECOMMENDATION**

The Health Commissioner has reviewed the variance(s) and ( **DOES**  **DOES NOT**) recommend that the Board of Health grant approval of the requested variance.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature of Health Commissioner*

\_\_\_\_\_  
*Date*

**BOARD OF HEALTH ACTION**

**RESOLUTION #:** \_\_\_\_\_

At their \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ meeting, the Morrow County Board of Health:

**APPROVED** this variance request, contingent upon the following special practices or conditions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DENIED** this variance request, based on the following reason(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature of Health Commissioner*

\_\_\_\_\_  
*Date*