



# Delaware General Health District

*Dedicated to Your Health*

## Division of Environmental Health

1 West Winter Street, 2<sup>nd</sup> Floor, P.O. Box 570, Delaware, Ohio 43015 Phone: (740) 368-1700 Fax: (740) 368-1736

### 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 #: \_\_\_\_\_



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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:

- |   |  |
|---|--|
| <input type="checkbox"/> Property lines with dimensions   | <input type="checkbox"/> Location of all existing buildings        |
| <input type="checkbox"/> Driveway location  | <input type="checkbox"/> Topography in 1' intervals                |
| <input type="checkbox"/> Water supply location  | <input type="checkbox"/> Soil type boundaries with % slope         |
| <input type="checkbox"/> Existing or proposed easements   | <input type="checkbox"/> Soil report from certified soil scientist |
| <input type="checkbox"/> Distance from foundation to nearest accessible central sewer line          |  |
| <input type="checkbox"/> 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:** \_\_\_\_\_

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#### OFFICE USE ONLY

All documentation submitted: \_\_\_\_\_ NPDES permit required? \_\_\_\_\_  
(Date)

Scheduled for subcommittee: \_\_\_\_\_ Property owners notified: \_\_\_\_\_  
(Date) (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: \_\_\_\_\_