



**Administrative Variance Application**

Only the property owner may apply for a variance. Any deviation from an approval will cause such approval to be null and void.

1. Name of Owner: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_
2. Address of property in question: \_\_\_\_\_  
Township/Village: \_\_\_\_\_
3. Reason for requesting variance:     Minimum isolation distance                     Use of septic tank for 120 days  
                                                     Changes to approved subdivisions       Contractor CEUs  
                                                     Septage hauler inspection from another county
4. What is your hardship? \_\_\_\_\_  
\_\_\_\_\_
5. What is the water supply for this lot? (Provide location on plan): \_\_\_\_\_
6. What are you proposing instead of following existing rule? \_\_\_\_\_  
\_\_\_\_\_
7. If this will encroach on another property/easement, please provide written correspondence from the property/easement owner approving of the variance.

**INDEMNITY AND HOLD HARMLESS:**

Property Owner shall indemnify and hold free and harmless the Delaware Public 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY**

Date documentation submitted : \_\_\_\_\_ Consistent with BOH policy:     Yes     No

Type of Variance:     3701-29-06             3701-29-03             3701-29-08             3701-29-18

Supporting permit numbers and/or DHD inspections: \_\_\_\_\_ Date: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Date Disapproved: \_\_\_\_\_ By: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Date Disapproved: \_\_\_\_\_ By: \_\_\_\_\_

HDIS Entry by: \_\_\_\_\_ Date: \_\_\_\_\_