



Morrow County Health District

619 West Marion Rd.
Mt. Gilead, OH 43338
Phone: 419-947-1545
Fax: 419-946-6807

Web Site: www.morrowcountyhealth.org

Variance Application

Request for Appeal

To All Applicants:

The following items **MUST** be submitted 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 in this checklist submitted by the first day of the month will result in your request being delayed until the following month. NO EXCEPTIONS!** Be advised: the Board of Health normally meets the third Monday 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. A subcommittee of the Board of Health will hear your request 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 such meetings and provide additional testimony on your behalf.

CHECKLIST

**(Applications/requests will not be accepted unless ALL APPLICABLE ITEMS are completed at time of submittal)
USE ADDITIONAL PAPER IF NECESSARY**

1. (Only the property owner may apply)

Name of owner _____

Address _____

Phone # _____

2. Address of property in question: _____

Township/Village: _____

Existing House ? _____ If yes, number of bedrooms: _____

Existing lot(s) _____ If yes, lot size(s): _____

Subdivision? _____ Date subdivision approved: _____

3. Do you want to create a new lot(s)? _____ If yes, how many? _____

4. What are you requesting a variance/appeal for?

Experimental septic system _____

Distance to lot lines/structure _____

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 rules? _____

8. List adjacent property owner names and addresses:

9. Additional information that may be required prior to the subcommittee meeting:

Floor plan _____ Pictures of site _____ Other: _____

10. You must provide a development plan showing:

- | | |
|---|--|
| 1. Property lines with dimensions | 6. Distance from foundation to nearest accessible central sewer line |
| 2. Driveway location | 7. Location of all existing buildings |
| 3. Type and size of primary and secondary sewage systems existing or proposed | 8. Topography in 1' intervals |
| 4. Water supply location | 9. Soil type boundaries with % slope |
| 5. Existing or proposed easements | 10. Soils report |

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.

OFFICE USE ONLY

All documentation submitted _____
(Date)

NPDES Permit required? _____

Scheduled for subcommittee _____
(Date)

NPDES Permit received _____
(Date)

Property owners notified _____
(Date)

Consistency with prior actions on hardship and/or type of system: _____

Attach adjacent property owners' comments:

SANITARIAN REVIEW

A. List the program and rules number(s) for which there is a variance/appeal request:

B. Indicate the policy for which a variance/appeal is requested:

C. Indicate the circumstances leading up to this request, including involvement of other local or state agencies. Mention unusual circumstances such as flood plains, experimental systems, unforeseen geological problems, etc.

D. If water or sewage, discuss results of field observation of the property, noting whether the laws/rules/policies could be followed:

E. Enclose on-site evaluation report, other applicable property reports and comments.

HEALTH COMMISSIONER REVIEW/ACTION

_____ Scheduled for committee meeting on _____

_____ Scheduled for Board of Health meeting on _____

Variance: _____ Approved _____ Denied _____ Pending Action



MORROW COUNTY BOARD OF HEALTH

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Name: _____ Phone: _____ Twp/Village: _____

Property Address: _____

Mailing Address: _____

For the reason(s) stated below, I hereby apply for a variance/appeal of Morrow County Board of Health Regulations. If granted, I hereby agree to all conditions attached to the decision of the Morrow County Board of Health.

Property Owner Signature

State your personal reason(s) for requesting a variance/appeal: (Use reverse side if necessary)

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Fee received \$ _____ Receipt # _____ Received by _____ Date _____

Regulation(s) affected: _____

Sanitarian evaluation: _____

Morrow County Board of Health Action: Granted
 Denied

Comment: _____

Morrow County Health Commissioner

Date