

REQUEST FOR VARIANCE
(Household sewage treatment system less than 7 years of age)

Location where a variance is being requested:

(township, village, city)

_____ : _____

(street, road, subplot)

(permanent parcel number)

Person(s) requesting variance ("Applicant")

Address: _____ Phone: _____

Reason for requesting a variance (check all that apply):

- Financial hardship
 - System is less than 7 years old
 - Other Explanation: _____
- _____
- _____

In filing this request, I (we) acknowledge that if the Board of Health grants this variance that I or we and all future owners shall be bound by the terms of the variance granted, including the declaration of deed restrictions that is required to be recorded as part of the variance process. Further, I (we) acknowledge that this variance is governed by Resolution No. 2003-47 of the Board of Health of the Lorain County General Health District and that a copy of such resolution has been provided to me/us. Further, I (we) attest that this request and all supportive material are, to the best of my/our knowledge, true and accurate.

Fee: \$50.00

_____ Date _____

(signature of property owner)

_____ Date _____

(signature of property owner)

(office use only)

Date of inspection of system _____ initials of RS

Date variance approved _____

Date reported to Health Board: _____

Date of recording of declaration _____