ASHLAND COUNTY- CITY HEALTH DEPARTMENT
1763 State Route 60 ▪ Ashland, Ohio 44805
419-282-4226 ▪ 419-282-4333 Fax

Application For Review of Variance Request

Forward Completed Form to Health Department

Requested Variance Is For: ___Sewage Regulation ___Water Regulations
___Other (Specify)_____

Name of Applicant: _____

Mailing Address: _____

Site Location: Road Number _____ Section _____ Lot Number _____

Township or Village _____

Directions to site from Ashland: _____
_____
_____

Describe Variance Request: (Include why, for whom, under what circumstances is being requested and sketch proposed layout on back of form)

_____
_____
_____
_____

_____
Signature of Applicant Date

Health Department Recommendations:

_____
_____
_____
_____
_____

Board of Health Action:

_____
_____
_____
_____
_____

09/14/2017