



# Ashland County Health Department

## Environmental Health Regulation Variance Request

**Fee: \$75.00      Date:    /    /      Receipt#:**

<b><u>General Information</u></b>	
Property Owner's Name:	
Property Owner's Address:	
Variance Location:	Twp/Village/City:
Email Address:	

<b><u>Specific Variance Requested</u></b> (Use additional sheets if needed.)
Code section from which the variance is requested:
Details of request:
<b><u>ASSURANCES</u></b>
Attach plans or provide an explanation demonstrating that the variance meets the following conditions: No substantial health hazard or nuisance is likely to occur. Strict compliance with the code requirements would result in unnecessary or unreasonable hardship for the petitioner. No state, local statutes, or other applicable laws would be violated. The protection of the health, safety, and general welfare of the public is assured.

### Property owner

I, \_\_\_\_\_, am the owner agent for the owner of the subject property. I understand that the installation of the application is not in total compliance with the rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Health Department in the event of any system failure and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.

\_\_\_\_\_  
Signature of Owner/Agent of Owner

\_\_\_\_\_  
Date

I, \_\_\_\_\_, a registered/licensed professional herby certify that a variance to the Rules is necessary because site conditions prohibit complete compliance with all the Rule requirements. In my judgment, the proposed design on the attached application is the best alternative available and should function properly.

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Date



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### Environmental Health Staff-Opinion

The inspector shall review all variance requests prior to rendering a decision.  
I, \_\_\_\_\_ the undersigned, have visited the above property and find that the conditions (Do / Do not) prohibit full compliance with the rules. The variance request submitted by the applicant (Is / Is Not) the best alternative available on this property. The proposed system (Does / Does Not) increases the likelihood that a health hazard or nuisance condition will occur. Therefore, I (Do / Do Not) recommend approval of the requested variance.

\_\_\_\_\_  
Inspector Signature

\_\_\_\_\_  
Date

### Environmental Health Director- Opinion

The Environmental Health Director shall review all variance requests prior to forwarding them to the Health Commissioner.

I, \_\_\_\_\_, have reviewed the variance request submission and concluded that it ( IS, IS NOT) the best alternative available on this property. . The proposed system (Does /Does Not) increases the likelihood that a health hazard or nuisance condition will occur. Therefore, I (Do / Do Not) recommend approval of the requested variance.

\_\_\_\_\_  
EH Director Signature

\_\_\_\_\_  
Date

### Health Commissioner Recommendation

The Health Commissioner has reviewed the variance request(s) and ( Does / Does Not ) recommend approval by the Board of Health.

Comments: \_\_\_\_\_  
\_\_\_\_\_

### Board of Health Action

Date of Board of Health Meeting \_\_\_\_\_

Approved:

Conditions \_\_\_\_\_  
\_\_\_\_\_

Denied:

Reasons \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Health Commissioners Signature

\_\_\_\_\_  
Date