

PRIVATE WATER SYSTEM

VARIANCE REQUEST APPLICATION

PROPERTY INFORMATION

Owner Name: _____

Property Address: _____

Parcel Number: _____ Email Address: _____

Home Phone #: _____ Mobile Phone #: _____

LIST THE SPECIFIC RULE(S) FOR WHICH THE VARIANCE IS REQUESTED: OAC 3701-28 _____

STATE THE REASON FOR THIS REQUEST (additional pages may be attached): _____

OTHER RELEVANT INFORMATION THE ENVIRONMENTAL HEALTH DIVISION SHOULD CONSIDER ALONG WITH THIS REQUEST: _____

There is a \$100.00 payment required to process your variance request. Variance requests are considered by the Environmental Health Administrators and the Columbus Board of Health at the earliest opportunity. The Board of Health may elect to do the following:

1. Approve the request.
2. Deny the request.
3. Require more information before making a decision.

Decisions are communicated to requestors in writing. If you have a question about the status of a variance request you have made, please contact Kelli Dodd at 614-724-2866.

SIGNATURE

I affirm that the information contained herein, including attachments, is complete and accurate. I understand that all variances are subject to review and a variance approval is not guaranteed.

Signature: _____ Date: ____/____/____

Please return the completed form along with a check or money order for \$100.00 to:

Columbus Public Health
Environmental Health Licensing Section
240 Parsons Avenue,
Columbus, OH 43215-5331

OFFICE USE ONLY

DATE REC _____ FEE PAID _____ RECEIPT # _____ REC BY _____ SR _____
(P/E 7160)