

STEP Variance Request Application

Owner Name:	Email:	
Property Address:		
Home Phone #:	_ Mobile Phone #:	
LIST THE SPECIFIC RULE(S) FOR WHICH THE VA	ARIANCE IS REQUESTED: 3701-29-06 (I) onal pages may be attached):	
OTHER RELEVANT INFORMATION THE ENVIRON	NMENTAL HEALTH DIVISION SHOULD CONSIDER	ALONG

There is a \$450.00 payment required to process your variance request. As part of all Septic Tank Elimination Program variance applications, Columbus Public Health is asking for three work esitmates to be gathered. You will need to coordinate with the Department of Utilities Permits Section to obtain an estimate from three licensed contractors for the same scope of work to connect the dwelling to the sanitary sewer. Please contact 614-645-7490 to schedule your appointment.

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 the STEP program coordinator at 614-645-6754.

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 \$450.00 to:

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

Make check payable to the "COLUMBUS CITY TREASURER"

OFFICE USE ONLY							
DATE REC	FEE PAID (P/E 7283)	RECEIPT #	REC BY	SR			