

SIDNEY-SHELBY COUNTY GENERAL HEALTH DISTRICT

202 W. Poplar Street, Sidney, OH 45365

Email: sschd@shelbycountyhealthdept.org Website: www.shelbycountyhealthdept.org

Phone: (937) 498-7249 Fax: (937) 498-7013

REQUEST FOR VARIANCE: Official request for variance from the Private Water System Rules (OAC 3701-28), SSCHD Sewage Treatment Regulations, or SSCHD policy. This variance request will be reviewed by the Sidney-Shelby County Board of Health.

Variance Request Fee: \$100.00 (This fee is waived if variance is being requested as part of an active permit that has full payment.)

Person Requesting Variance: _____

Address of Applicant: _____

Address of Variance: _____

Telephone Number: _____ Email Address: _____ Township _____

OAC Rule, SSCHD Regulation, or policy Variance requested from: _____

Please describe the reason for your variance request: *(You must demonstrate that the rules are causing hardship to be considered for a variance from the rule/policy requirements.)*

PLEASE NOTE: Variance fee does not guarantee the variance request will be approved. Variance request fee is non-refundable.

Signature of Applicant _____ Date _____

***** OFFICE USE ONLY *****

Date Application Submitted _____ Amount Paid _____ Receipt # _____ Received by _____

Staff Recommendation
 Approve
 Deny Date: _____

Board Hearing Date: _____
Board Decision
 Approve
 Deny

Additional Comments/Requirements: _____

