Public Health
Prevent. Promote. Protect.

Board of Health
Sidney-Shelby County

Phone: (937) 498-7249
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202 W. Poplar Street, Sidney, OH 45365

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

Variance Request Fee: $100.00

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 and 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: _____

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