



<b>Office Use Only</b>	
\$50 Fee	Date Paid _____
Received by _____	
Receipt # _____	

Well  Sewage  Other **VARIANCE REQUEST FORM**

This is an official request to the Logan County Board of Health (BOH) for a variance of an Ohio Administrative Code and/or Logan County Health District Regulation. Variance requests must be received in completed form by the first day of the month before the BOH meets on the second Wednesday of each month at 1:00 pm, or action may be delayed until the next meeting. Variances not executed within two (2) years of the date granted become null and void.

**Variance Location** (please print) \_\_\_\_\_

\_\_\_\_\_ **Township** \_\_\_\_\_

**Property Owner's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Property Owner's Address** \_\_\_\_\_

**Email** \_\_\_\_\_ **Installer/Contractor** \_\_\_\_\_

**Applicable Code/Regulation Number(s) and Language** \_\_\_\_\_

\_\_\_\_\_ (Use other side to continue ...)

**Variance Reasoning Explanation** Provide an explanation below to show how the variance, if granted, will still meet the following conditions (continue on other side or attach supporting documents and diagrams, if needed):

- No substantial health hazard or nuisance is likely to occur.
- Because of practical difficulties or special conditions, strict compliance with the code, rule and/or regulation would result in "unusual and unnecessary" hardship for the petitioner.
- No other technically feasible and economically reasonable means of compliance exists.
- No state, local or other applicable laws will be violated.
- The protection of the health, safety and general welfare of the public is assured.

\_\_\_\_\_ (Use other side to continue ...)

I, (print name) \_\_\_\_\_, as  owner  agent for the owner, of the property understand that the installation as stated on this request will not be in total compliance with the applicable rules. Should the system malfunction, I release all concerned provided they have conducted their duties in a reasonable and proper manner. I will promptly notify the Logan County Health District in the event of any system failure and make any corrections required by law. By signing the variance request form, I give permission for Logan County Health District representatives to enter onto the property to conduct such duties as may be necessary to evaluate the variance request.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

