

## **APPLICATION FOR ONSITE SEWER VARIANCE**

Owner:	
Name:	Phone Number:
Project address:	
Mailing address (if different than above):	
Township, Section, and Range:	
Legal Description of Property:	
AFFECTED PROPERTY: (Attach additional sheet if more than one property	is affected):
Name:	
Address:	
Telephone Number:	
	gn of the proposed sewage treatment system. Include lot ng factors (i.e. slopes, wetlands, trees, and vegetation).
VARIANCE(S) REQUESTED:	
Please list the variance(s) requested:	

## **COMMENTS EXPLAINING SEPTIC VARIANCE CRITERIA**

Applicant Name:	
Onsite Sewage Treatment System Rules and Regulat	Rules and Regulations. "Hardship" as used in connection cannot be put to reasonable use if used under the
unique conditions affecting the property resulting of	Inique to the property not created by the owner, and the flot size, layout, shape, topography, soil conditions or
essential character of the locality or have a significar	control over. The variance, if granted, will not alter the nt adverse effect on surrounding properties.
Please explain:	
	adjacent to the property of the applicant and will not be aging to property or improvements in the area adjacent t
to meet all of the requirements of the Rules and Reg sewage treatment systems due to unique site condit	installed on my property will not be designed and installegulations governing the installation and use of on-site tions. I understand and accept that the system may not d to meet all requirements. I agree to hold the Health may result from approving this request.
Property Owner - Signature	Date
Property Owner - Printed Name	 Date

## **AUTHORIZATION/REJECTION OF VARIANCE** (Board of Health use only)

Rolette County Public Health District; 211 1 <sup>st</sup> Ave. NE; PO Box	726, Rolla, ND 58367-0726; 701-477-5646
Variance Requested by	
Project Address and County	
City, State, Zip Code	
We have reviewed the request for an onsite sewer variance a overcome the hardship or unique situation. Based on the info	•
Grant a variance for this project Can't grant a variance for this project	
can egrane a variance for this project	
Signature – Board of Health Chairperson Signature	Date
Printed Name of Chairperson	Phone Number
Note: When a variance is granted for an onsite sewer system, advised of the variance that has been granted for the onsite so constitute any guarantee that the system will provide trouble if the onsite sewer system is found to be malfunctioning at an Variance Comments:	ewer system. Issuance of a variance does not free service. A granted variance may be revoked