



SEWAGE VARIANCE REQUEST
FEE \$25.00(EVAA)

To: MIAMI COUNTY BOARD OF HEALTH

From: Name: _____ Phone: _____

Address: _____

City/State/Zip: _____

Property Address of Variance (if different from above): _____

Please complete this form and return it to the Miami County Board of Health at the above address. The Miami County Board of Health meets monthly and this form and the \$25 fee needs to be submitted to our office ten (10) days prior to the meeting. If you have any questions, please call the Miami County Public Health at 937-573-3534 weekdays between 8 a.m. and 9 a.m. and ask to speak with a sanitarian.

I am requesting the following variance(s) from the Ohio Administrative Code _____

Reason for request: _____

1. Will there be unusual or unnecessary hardship in complying with the rules? _____

Explain _____

2. Will the health of persons using the system endangered? _____

3. Does any other technical feasible or economically reasonable means exist? _____

Explain _____

Signature: _____ Date: _____

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**BOARD ACTION:**

**APPROVED:** \_\_\_\_\_

**DENIED:** \_\_\_\_\_

**STIPULATIONS:** \_\_\_\_\_

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