



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR VARIANCE FROM CHAPTER 64E-6, FAC
STANDARDS FOR ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEMS**
Authority: Chapter 381, Florida Statutes
Chapter 64E-6, Florida Administrative Code

Variance Application Number Onsite Sewage Office Use Only
--

NOTICE TO APPLICANT

- STATE LAW REQUIRES THAT A VARIANCE MAY NOT BE GRANTED UNTIL THE DEPARTMENT IS SATISFIED THAT:
 - A. THE HARDSHIP WAS NOT CAUSED INTENTIONALLY BY THE ACTION OF THE APPLICANT;
 - B. NO REASONABLE ALTERNATIVE EXISTS FOR THE TREATMENT OF THE SEWAGE; AND
 - C. THE DISCHARGE FROM THE ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM WILL NOT ADVERSELY AFFECT THE HEALTH OF THE APPLICANT OR THE PUBLIC OR SIGNIFICANTLY DEGRADE GROUNDWATER OR SURFACE WATERS.

- VARIANCES EXPIRE ONE YEAR AFTER THE DATE OF VARIANCE APPROVAL UNLESS AN ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM CONSTRUCTION PERMIT HAS BEEN ISSUED, IN WHICH CASE THE VARIANCE SHALL RUN CONCURRENT WITH THE SYSTEM CONSTRUCTION PERMIT.

- YOUR VARIANCE REQUEST IS INCOMPLETE WITHOUT PART II COMPLETED BY THE COUNTY HEALTH DEPARTMENT.

PART I - GENERAL INFORMATION

(to be completed by the applicant)

See instructions on the back of this form

APPLICANT INFORMATION (TYPE OR PRINT LEGIBLY)

Property Owner: _____ Phone:(W) () () (H) () ()

Owner's Agent: _____ Phone:(W) () () (H) () ()

Mailing Address: _____ City: _____ State: _____ Zip: _____

PROPERTY INFORMATION

Property Street Address: _____ City: _____ County: _____

Lot: _____ Block: _____ Subdivision: _____ Unit: _____

Section: _____ Township: _____ Range: _____ Parcel Number: _____

Metes & Bounds Description (Attach property legal description)

VARIANCE REQUEST INFORMATION

State the hardship which has prompted your variance request and why you believe the department should grant your petition and why you cannot meet the appropriate standards. Please state what steps have been taken to minimize the impact the onsite sewage treatment and disposal system may have on the environment and public health.

(Attach a separate sheet if necessary.) _____

I attest the above information is true. I acknowledge that in the submission of this variance request, I hereby authorize department employees to enter onto my property to conduct inspection activities and to post public notice of this variance request.

Signature of Owner or Agent: _____ Date: ____/____/____

**SEE THE BACK OF THIS FORM FOR INSTRUCTIONS
FOR ASSEMBLING YOUR VARIANCE REQUEST PACKAGE**

INSTRUCTIONS FOR THE APPLICANT

Instructions for completing Part I, General Information

Property Owner:	Provide the name of the property owner as it appears on the property deed.
Property Owner Phone (H):	Provide the owner's home telephone number including the area code.
Property Owner Phone (W):	Provide the owner's work telephone number including the area code.
Owner's Agent:	Provide the name of the person (if any) legally authorized to represent the owner for the purpose of requesting the variance.
Owner's Agent Phone (H):	Provide the owner's agent's home telephone number including the area code.
Owner's Agent Phone (W):	Provide the owner's agent's work telephone number including the area code.
Mailing Address:	Provide the owner's or the agent's complete mailing address. Letters returned for insufficient or unknown address will be discarded.
Property Street Address:	Provide the number and street where the property is located.
Property Address City:	Provide the city or locale where the property is located.
Property Address County:	Provide the name of the county where the property is located.
Lot, Block, Subdivision, Unit:	If the subject property is in a subdivision, provide the legal description of the property in the spaces provided. Do not write "See Attached".
Section, Township, Range, Parcel Number:	If the subject property is not in a subdivision, provide the section, township (including N or S), and range (including E or W). Include the parcel number if appropriate. Do not write "See Attached."
Metes and Bounds Description:	"X" the box if the property is described by a metes and bounds description. Include the section, township, range and parcel number in the spaces above and attach the metes and bounds description in the application package.
Variance Request Information:	State the hardship which has prompted your variance request and why you believe the department should grant your petition and why you cannot meet the appropriate standards. Please state what steps have been taken to minimize the impact the onsite sewage treatment and disposal system may have on the environment and public health. (Attach a separate sheet if necessary.)
Signature of Owner or Agent:	The owner or agent must sign this form attesting to the accuracy of the information provided and authorizing department employees to enter onto the subject property. The name signed must be either the name of the listed owner or the name of the listed agent.

Instructions for assembling the variance request information package

Supportive documentation should include six (6) copies of the following:

- Completed application for onsite sewage treatment and disposal system construction permit
- The denial letter from the County Health Department
- Completed site evaluation form
- Completed plot plan, drawn to scale, showing pertinent features on your own and neighboring properties
- Complete plans and specifications for the proposed system
- Any other information necessary for rendering a decision or which you feel is pertinent to your case
- NOTE: If your variance request involves setback violations, your site plan should very clearly show the exact setback dimensions which will be achieved if the variance is granted.
- NOTE: If your variance request involves the setback to a public drinking water supply well, a written opinion from the agency regulating the affected public drinking water system is required to be included in your application package.
- NOTE: If your variance request involves jurisdiction of sewage treatment regulation, a letter from the agency having jurisdiction which authorizes the Department of Health to take jurisdiction of the sewage flow is required.

The burden of presenting pertinent and supportive facts is the responsibility of the applicant. Failure to provide necessary information may result in the application being denied or tabled.

Each of the six copies of the variance application package should be assembled in the following order:

- Variance Application Form, Part I
- Variance Application Form, Part II
- Continuation of hardship statement from Part I (if any)
- Continuation of reasons for recommendation Part II (if any)
- OSTDS Application for construction permit
- Site evaluation
- Site plan
- Subdivision map
- System design specifications
- Denial letter
- Other substantiating data

Each copy should be stapled together and all six copies should be banded into a single bundle.

YOUR VARIANCE REQUEST IS INCOMPLETE WITHOUT PART II COMPLETED BY THE COUNTY HEALTH DEPARTMENT.

Your County Health Department will need ample time to review your completed variance request, perform their required field activities and prepare their comments for your request. Check with your County Health Department concerning their deadline for submission of materials.

This completed application must be received by the Department of Health, Onsite Sewage Office in Tallahassee no later than the 15th of the month to be placed on the agenda for the next monthly meeting of the variance review and advisory committee. If the 15th falls on a weekend or legal holiday, the deadline for receipt will be the next regular working day.



PART II - COUNTY HEALTH DEPARTMENT INFORMATION

(to be completed by the County Health Department)

(TYPE OR PRINT LEGIBLY)

County Reference Number _____	County Health Department Use Only	Fee Paid \$ _____	Date _____	Receipt Number _____
--------------------------------------	--	--------------------------	-------------------	-----------------------------

REASON STANDARDS CANNOT BE MET

SPECIFIC SECTION(S) OF 381.0065, F.S.
OR 64E-6, F.A.C., INVOLVED IN REQUEST

REASON REQUIREMENTS IN THE SECTION CANNOT BE MET

(include the quantity of the deviation from the requirement)

SITE INFORMATION (Attach a completed site evaluation form)

Connection distance from property to sanitary sewer is _____ feet/miles.

Lots in the vicinity of the subject property are generally:	<input type="checkbox"/> Larger	<input type="checkbox"/> Smaller	<input type="checkbox"/> Same Size
Buildings on this property are:	<input type="checkbox"/> Proposed	<input type="checkbox"/> Existing	<input type="checkbox"/> Under Construction
The OSTDS involved in this variance request is:	<input type="checkbox"/> Proposed	<input type="checkbox"/> Installed	<input type="checkbox"/> Existing (Previously approved)
Proposed property use is:	<input type="checkbox"/> Unchanged	<input type="checkbox"/> Increased	<input type="checkbox"/> New Use
Are there known OSTDS failures in the area?	<input type="checkbox"/> No	<input type="checkbox"/> Yes...Reason(s): _____	

Lot is posted with a sign in accordance with the instructions on the back of this form.

COUNTY HEALTH DEPARTMENT RECOMMENDATIONS

Approve

Approve with Provisos: _____

- Disapprove
- No hardship exists.
 - The hardship was caused intentionally by the action of the applicant.
 - A reasonable alternative exists for the treatment of the sewage.
 - The discharge from the OSTDS will adversely affect the health of the applicant.
 - The discharge from the OSTDS will adversely affect the health of the public.
 - The discharge from the OSTDS will significantly degrade the groundwater.
 - The discharge from the OSTDS will significantly degrade surface waters.

Reasons for Recommendation (attach additional sheets if necessary): _____

Signature of Environmental Director

Title: _____ Date: ____/____/____

NOTICE

1. Procedures leading to the submission of this variance request must be in accordance with Chapter 120, Florida Statutes.
2. This completed application must be received by the Department of Health, Onsite Sewage Office in Tallahassee no later than the 15th of the month to be placed on the agenda for the next monthly meeting of the variance review and advisory committee. If the 15th falls on a weekend or legal holiday, the deadline for receipt will be the next regular working day.
3. If the variance request involves setbacks from wells or surface waters, the separation of the drainfield from the estimated wet season high water table, or the authorized sewage flow of the property, the county health department shall post a sign on the property.

INSTRUCTIONS FOR THE COUNTY HEALTH DEPARTMENT

Instructions for completing Part II, Department Provided Information

County Reference Number:	If your office has an application number or other case number used to track this file, list it here so it can be included on variance correspondence.
Fee Paid:	Provide the amount of the variance application fee paid by the applicant.
Date:	Provide the date of the fee payment.
Receipt Number:	List the receipt number associated with the fee payment for purposes of audit control.
Specific Section(s) Involved in Request:	List the individual specific rule and statute citations which need to be varied in order to issue the construction permit or approve the system or operation.
Reasons Requirements Cannot be Met:	Provide a brief explanation of the reason the section of the rule or statute was listed, for example: 64E-6.005(3), FAC Proposed drainfield is 68 feet from surface water. 64E-6.005(7)(c), FAC Anticipated flow (300 gpd) exceeds authorized (285 gpd) 381.0065(4)(b), F.S. Lot is in a subdivision which has 4.6 lots per acre.
Site Information:	Provide the distance from the property to the nearest sewer line and "X" the boxes that most closely describe the property, the establishment and the system involved in the request.
Lot is Posted:	Mark an "X" in the box if the lot has been posted. The county health department shall post a sign on the subject property under consideration for variance when reductions of setbacks from surface waters, wells, wet season high water table, and minimum lot size criteria are requested. The sign shall state that a variance from the standards of Chapter 64E-6, F.A.C. has been requested and that information on the variance request may be obtained from the county health department. The sign shall be posted in a conspicuous location on the lot no later than the 15th day of the month preceding the variance meeting and shall remain posted for a minimum period of two weeks.
CHD Recommendation, Approve:	Mark this box if you are recommending approval of the request with no provisos.
CHD Recommendation, Provisos:	Mark this box if you are recommending approval with provisos of the request. In the space provided, list your proposed provisos.
CHD Recommendation, Disapprove:	Mark this box if you are recommending disapproval of the request. Mark any additional boxes which correspond to the statutory reasons why the variance should be denied.
Reasons for Recommendation:	List the facts which support your recommendation that the variance be approved, provisionally approved or denied.
Signature of Environmental Director:	The form should be signed by the Director of the Environmental Health or Engineering Section which Administers the Onsite Sewage Program.

Instructions for assembling the variance request information package

Supportive documentation should include six (6) copies of the following:

- Completed application for onsite sewage treatment and disposal system construction permit
- The denial letter
- Completed site evaluation form
- Completed plot plan, drawn to scale, showing pertinent features on your own and neighboring property
- Complete plans and specifications for the proposed system
- Any other information necessary for rendering a decision or which you feel is pertinent to your case
- NOTE: If the variance request involves setback violations, your site plan should very clearly show the exact setback dimensions which will be achieved if the variance is granted.
- NOTE: If the variance request involves the setback to a public drinking water supply well, a written opinion from the agency regulating the affected public drinking water system is required to be included in your application package.
- NOTE: If the variance request involves jurisdiction of sewage treatment regulation, a letter from the agency having jurisdiction which authorizes the Department of Health to take jurisdiction of the sewage flow is required.

The burden of presenting pertinent and supportive facts is the responsibility of the applicant. Failure to provide necessary information may result in the application being denied or tabled.

Each of the six copies of the variance application package should be assembled in the following order:

Variance Application Form, Part I
Variance Application Form, Part II
Continuation of hardship statement from Part I (if any)
Continuation of reasons for recommendation Part II (if any)
OSTDS Application for construction permit
Site evaluation
Site plan
Subdivision map
System design specifications
Denial letter
Other substantiating data

Each copy should be stapled together and all six copies should be banded into a single bundle.

The copies of the completed application package must be received by the Department of Health, Onsite Sewage Office in Tallahassee no later than the 15th of the month to be placed on the agenda for the next monthly meeting of the variance review and advisory committee. If the 15th falls on a weekend or legal holiday, the deadline for receipt will be the next regular working day.