

Variance/Waiver Request Application



Submit this form and all related documents, justifications and fees. Incomplete applications will be returned to the applicant.

VALIDATION

Property Information

Site Address _____

City _____ State _____ Zip _____

Parcel Number _____

Owner Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number _____

Applicant or Contact Information (for correspondence) same as owner

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number _____

Email Address _____

I am the:

Owner Septic Designer Well Driller Water System Operator Other _____

This variance/waiver is for the following:

Onsite Septic Individual Well Food Establishment Solid Waste Underground Storage Tanks

Public Water System Name _____ System ID Number _____

Other _____

An administrative hearing is available for all variance/waiver requests. If you wish to request a hearing, please contact our office within five days of application submittal.

I have submitted all required information listed on the attached Variance/Waiver Request Checklist (page 2 noted in items 1-6 and items 7-11, as applicable.) I understand only the information submitted with this application and any administrative hearings will be considered in the approval or denial of my request.

Applicant/Contact Signature _____ Date _____

Information submitted is subject to Public Records Act, Chapter 42.56 RCW.

Variance/Waiver Request Checklist



Property Address _____

Type of Request Variance Waiver

Use this checklist to prepare a complete variance/waiver application. Check off each required item in the left column as it is provided. Please make your own copy of this packet prior to submittal. Variance/waiver application fees are not refundable. Additional fees may apply.

✓		Description	Office Use Only
<input type="checkbox"/>	1	Provide the Chapter and Section of the code you are requesting variance/waiver from.	
<input type="checkbox"/>	2	Describe the requirement you are requesting variance/waiver from.	
<input type="checkbox"/>	3	Explain why you are requesting variance/waiver from this part of the code.	
<input type="checkbox"/>	4	Explain why we should approve your request. Provide as much technical information as possible regarding your proposed alternative method. Include diagram or drawings with this explanation.	
<input type="checkbox"/>	5	Describe how the proposed alternative method will result in equivalent or superior protection of the public health.	
<input type="checkbox"/>	6	Application fee.	
Additional Requirements for Specific Variance/Waiver Requests (if applicable)			
<input type="checkbox"/>	7	Variance/waiver of setback from a neighbor's water source. List name and address of all property owners affected by variance/waiver request.	
<input type="checkbox"/>	8	Variance/waiver of a public water system requirement. List name and address of all owners of connections and each residence served by the system. Provide justification from a licensed hydrogeologist or an engineer for any public well setback reduction.	
<input type="checkbox"/>	9	Variance/waiver of community on-site sewage system requirement. List name and address of all owners of connections and each residence served by the system.	
<input type="checkbox"/>	10	Variance/waiver of setback to neighboring property. List name and address of all property owners affected by the variance/waiver request. Inability to obtain restrictive covenants for an individual well will require justification from a licensed hydrogeologist or an engineer.	
<input type="checkbox"/>	11	Variance/waiver of the requirements for an infectious waste permit. Property owners within 300 feet of the subject property shall be notified of the request for variance/waiver and notice of the request shall be posted on the property.	

*Application review time may take up to 90 days depending on notification requirements.

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