



Public Health
Prevent. Promote. Protect.

**Butler County
General Health District**

Board of Health Sewage Variance Application

_____ Fee

_____ Rect. #

_____ Date

Applicant: _____ Phone: _____

Address: _____

Location of property under consideration: _____

Clear and accurate description of proposed work or use. Attach a plot plan or design to this sheet indicating lot lines, all existing, proposed structure if applicable, and type and location of sewage treatment system (or sewer). All submitted documents and plots plans must be signed and dated by applicant.

State the known regulations which required the applicant to apply for a variance in terms of the proposed project:

Property Owner Signature

Date

HEALTH DISTRICT USE ONLY

Health District Response: _____

Signature: Butler County General Health District

Date