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 _____ Rect. #
 _____ Date

Public Health
 Prevent. Promote. Protect.

**Butler County
 General Health District**

Board of Health Variance Application

Applicant: _____ Phone: _____

Address: _____

Location of property under consideration: _____

Clear and accurate description of proposed work or use. Attach plot plan to this sheet indicating lot lines, all existing proposed structure if applicable, type and location of sewage disposal system (or sewer), water lines and all wells within fifty (50) feet. All submitted documents and plot plans must be signed and dated by applicant.

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

 Signature of Applicant

HEALTH DISTRICT USE ONLY

Health District Response:

Signature: Butler County General Health District

 Date