

BUTLER COUNTY HEALTH DEPARTMENT

HEALTH REVIEW FOR ZONING VARIANCE APPROVAL

\_\_\_\_ Date  
\_\_\_\_ Rect #  
\_\_\_\_ Amount

Applicant \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

Location of property under consideration: \_\_\_\_\_

Township \_\_\_\_\_

For what zoning regulation are you requesting a variance? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach plot plan to this sheet indicating lot lines, all existing structures, proposed structure if applicable, type and location of sewage disposal system (or sewer), water lines and all wells within fifty (50) feet.

Type of sewage disposal \_\_\_\_\_ Sewer district \_\_\_\_\_

Type of water supply \_\_\_\_\_ Name of purveyor \_\_\_\_\_

Means of solid waste disposal \_\_\_\_\_

Are hazardous chemicals stored on site? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Clear and accurate description of proposed work or use. All submitted documents and plot plans must be signed and dated by applicant.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

**DO NOT WRITE BELOW THIS LINE, HEALTH DEPARTMENT USE ONLY**

Health Department Response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_  
Sanitarian

\_\_\_\_\_  
Date