

Butler County Health Department

301 S. Third Street

Hamilton, OH 45011

(513) 863-1770

Hours M-F 8:00 a.m. – 4:00 p.m.

_____	Fee
_____	Rect. #
_____	Date

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 which require the applicant to apply for a variance in terms of the proposed project:

Signature of Applicant

DO NOT WRITE BELOW THIS LINE, HEALTH DEPARTMENT USE ONLY

Health Department Response: _____

Signature: Butler County Health Department

Date