Variance/Waiver Request Application

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

VALIDATION

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

Property or Facility Information

Facility Name (if applicable)_____

Site or Facility Address _____

City_____ State _____ Zip _____

Parcel Number_____

Owner Name _____

Mailing Address _____

City_____ State _____ Zip _____

Phone Number_____ Email_____

Applicant or Contact Information (for correspondence) ❑ same as owner

Name _____

Mailing Address _____

City_____ State _____ Zip _____

Phone Number_____ Email_____

I am the: ❑ Owner ❑ Operator ❑ Septic Designer ❑ Well Driller ❑ Water System Operator

❑ Other _____

This variance/waiver is for: ❑ Onsite Septic ❑ Individual Well ❑ Food Establishment

❑ Solid Waste ❑ Underground Storage Tanks ❑ Recreational Camp ❑ School

❑ Water Recreation Facility ❑ Public Water System: Name & System ID _____

❑ Other _____

Administrative Appeal Hearing: I am requesting an administrative appeal hearing ❑ Yes ❑ Not at this time.

❑ 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.

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Property or Facility Address _____

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
☐	1	Provide the Chapter and Section of the code you are requesting variance/waiver from.	
☐	2	Describe the requirement you are requesting variance/waiver from.	
☐	3	Explain why you are requesting variance/waiver from this part of the code.	
☐	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.	
☐	5	Describe how the proposed alternative method will result in equivalent or superior protection of public health.	
☐	6	Application fee.	
Additional Requirements for Specific Variance/Waiver Requests (if applicable)			
☐	7	**Variance/waiver of setback from a neighbor's water source.** List name and address of all property owners affected by variance/waiver request.	
☐	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.	
☐	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.	
☐	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**.**	
☐	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.