



COUNTY COMMISSIONERS

Carolina Mejia District
One

Gary Edwards
District Two

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District Three

PUBLIC HEALTH AND SOCIAL SERVICES DEPARTMENT

David M. Bayne, MPH
Director

Dimyana Abdelmalek, MD, MHP
Health Officer

GENERAL ENVIRONMENTAL HEALTH REQUEST FOR WAIVER OR VARIANCE FROM SANITARY CODE PROVISIONS

Whenever a strict interpretation of a code would result in significant hardship, a person may request a review of the provision causing hardship by the Environmental Health Hearing Officer or a hearing before the Administrative Hearing Officer.

DATE: _____

_____ Administrative Review of Waivers or Variances; \$495.00 non-refundable fee

_____ Administrative Hearing, before the Hearings Officer, of Waivers or Variances Requested by the Applicant; \$1,115.00

Requestor's Information

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Permit Applicant's Information: (If different Than Appellant)

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Property Owner's Information: (If different Than Appellant)

Environmental Health Division – Onsite, Drinking Water & Landuse
3000 Pacific Ave SE, Suite 225, Olympia, WA 98501-8809
(360) 867-2633 FAX (360) 867-2660 TTY/WA Relay 711 or 1-800-833-6388
Environmental_Health@co.thurston.wa.gov

Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip Code: _____

Project Information:

Permit Type: _____ Permit # _____
Property Tax Parcel Number: _____
Property Legal Description: _____
Property Address: _____ City: _____ State: _____ Zip Code: _____
(An attached legal description is acceptable **OR** refer to existing submissions if already part of the permit application.)

Receipt Date: _____ Fee Paid: _____ Receipt No.: _____ Received By: _____

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Thurston County’s Sanitary Code Article I, Section 13.1 Information Required for the Submission of a Request for Waiver of Code Provisions.

Any person requesting a waiver pursuant to Section 13.1 shall provide the following information to the health department:

- Complete application.
- Submit corresponding fee.

A summary of the nature of the request:

Site code provision requested to be waived: (Specify the particular WAC number from the applicable Chapter and/or the Article number for which a waiver or variance is being sought. Such as “WAC 246-272-140 (1), and/or “Article IV, Section 17.3.)

List the specific hardship that will be caused by following the required code and the reasons that the code provision cannot be met:

The waiver or variance must contain justification describing how it is consistent with the purpose and objectives of the Article, and how it meets the public health intent of the applicable Article:

Summarize design alternatives that exist for this issue (if applicable):

State whether a hearing before the Administrative Hearing Officer is requested (if so, note that the fee is \$1,115.00):

List of all persons required to be given notice of the waiver request and their addresses as noted in Section 13.2, if applicable:

Applicant may attach any information such as maps, drawings or documents for review. The documents must be smaller than 11 inches x 17 inches.

Requestor's Signature: _____ **Date:** _____

-----**THIS SECTION COMPLETED BY HEALTH OFFICER**-----

Request DOH or DOE review before granting? Yes ____ No ____

Neighbor Notification: Required? Yes ____ No ____

If needed, are agreements, easements, etc. properly filed? Yes ____ No ____

Health Officer Comments:
