PUBLIC HEALTH AND SOCIAL SERVICES DEPARTMENT ENVIRONMENTAL HEALTH DIVISION 3000 Pacific Avenue SE, Suite 225 Olympia WA 98501 (360) 867-2644 TDD 711 - 1-800-833-6388



ARTICLE VII – WATER RECREATION FACILITIES REQUEST FOR VARIANCE FROM SANITARY CODE PROVISIONS

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

| DATE: | | | | | |
|--|----------------------|---------------------------|--------|-----------------------------|--|
| Administrative Administrative Applicant; \$1,1 | Hearing, before the | | | uested by the | |
| Requestor's Info | <u>rmation</u> | | | | |
| Name: | | | Phone: | | |
| Address: | | City: | State: | Zip Code: | |
| Permit Applicant | 's Information: (| different Than Appellant) | | | |
| Name: | | | Phone: | | |
| Name:Address: | | City: | State: | Zip Code: | |
| Property Owner's | s Information: (If o | different Than Appellant) | | | |
| Name: | | | Phone: | | |
| Address: | | City: | State: | Zip Code: | |
| Project Informati | on: | | | | |
| | | | | | |
| Property Tax Parcel Nu | | | | | |
| Property Legal Descrip | | | 01-1- | 7'- 0-4- | |
| Property Address: (An attached legal descr | | | | of the permit application.) | |
| , | , | | | | |
| Receipt Date: | Fee Paid: | Receipt No.: | Rece | Received By: | |

---- Continued On the Reverse Side ----

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 Chapter 246-260 WAC and shall include documentation required by WAC 246-260-201. The variance may only be approved if it satisfies the requirements of WAC 246-260-201.) |
| |
| List the specific hardship that will be caused by following the required code and the reasons that the code provision cannot be met: |
| |
| The variance must contain justification describing how it is consistent with the purpose and objectives of Article VII to meet public health intent of Article VII: |

| Summanze the design alternatives that exist for this issue. |
|--|
| |
| |
| |
| |
| |
| 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 variance 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 review before granting? Yes No |
| Neighbor Notification: Required? Yes No If needed, are agreements, easements, etc. properly filed? Yes No |
| Health Officer Comments: |
| |
| |
| |