



# Greene County Public Health

Melissa Howell MS, MBA, MPH, RN, REHS, Health Commissioner  
Kevin L. Sharrett, MD, Medical Director

## VARIANCE REQUEST

Fill out this form as completely as possible. Provide additional drawings, designs, specifications, comments, and any other information that may be necessary to understand and evaluate the variance request.

Date \_\_\_\_\_ Owner \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ email \_\_\_\_\_

Location of Property _____		
Township/City _____	Parcel ID _____	
Subdivision _____	Lot # _____	Acreage _____
Number of Bedrooms in existing house(s) _____		

Section of OAC 3701 requiring variance \_\_\_\_\_  
Reason for this request \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Justify your variance request by explaining why this would NOT be contrary to public health or create a potential for contamination of ground and surface water. You may attach additional sheets, if necessary.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Below for Health District Use Only***

Date Received \_\_\_\_\_ Receipt Number \_\_\_\_\_  
Environmental Health Branch recommendation \_\_\_\_\_  
\_\_\_\_\_

Board of Health Action:      ☐ Declined      ☐ Approved  
Resolution # \_\_\_\_\_ Date: \_\_\_\_\_