



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR VARIANCE FROM CHAPTER 64E-6, FAC  
STANDARDS FOR ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEMS**

Authority: Chapter 381, Florida Statutes  
Chapter 64E-6, Florida Administrative Code

Variance Application Number \_\_\_\_\_

Onsite Sewage Office Use Only

Follow the instructions on the back of this form for assembling your application for variance. Eight (8) copies of this form and supporting documentation must be submitted with the required fee to your local county health department. Your application must be reviewed by the local county health department and the completed application received by the Bureau of Onsite Sewage Programs in Tallahassee no later than the 15th of the month to be placed on the agenda for the next monthly meeting of the variance review and advisory committee. If the 15th falls on a weekend or legal holiday, the deadline for receipt will be the next regular working day. If the variance request involves setbacks from wells or surface waters, the separation of the drainfield from the estimated wet season high water table, or the authorized sewage flow of the property, the county health department must post a sign on the property giving notice of the application for variance.

**PART I - GENERAL INFORMATION**

(To be completed by the applicant. See instructions on the back of this form.)  
(TYPE OR PRINT LEGIBLY)

**APPLICANT INFORMATION**

Property Owner: \_\_\_\_\_ Phone:(W) ( ) (H) ( )

Owner's Agent: \_\_\_\_\_ Phone:(W) ( ) (H) ( )

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PROPERTY INFORMATION**

Property Street Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Unit: \_\_\_\_\_

Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

Metes & Bounds Description (Attach property legal description)

**VARIANCE REQUEST INFORMATION**

A variance may not be granted under section 381.0065, FS, until the department is satisfied the following conditions have been met.

Address each item explaining how your variance request satisfies the statutory conditions for a variance. Attach a separate sheet if necessary.

1. Please explain how your variance request satisfies the statutory requirement that the hardship was not caused intentionally by the action of the applicant. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please explain how your variance request satisfies the statutory requirement that no reasonable alternative, taking into consideration factors such as cost, exists for the treatment of the sewage. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please explain how your variance request satisfies the statutory requirement that the discharge from the onsite sewage treatment and disposal system will not adversely affect the health of the applicant or the public or significantly degrade the groundwater or surface waters. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I attest the above information is true. I acknowledge that in the submission of this variance request, I hereby authorize department employees to enter onto my property to conduct inspection activities and to post public notice of this variance request.

Signature of Owner or Agent: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# INSTRUCTIONS FOR THE APPLICANT

## Instructions for completing Part I, General Information

Property Owner:	Provide the name of the property owner as it appears on the property deed.
Property Owner Phone (H):	Provide the owner's home telephone number including the area code.
Property Owner Phone (W):	Provide the owner's work telephone number including the area code.
Owner's Agent:	Provide the name of the person (if any) legally authorized to represent the owner for the purpose of requesting the variance.
Owner's Agent Phone (H):	Provide the owner's agent's home telephone number including the area code.
Owner's Agent Phone (W):	Provide the owner's agent's work telephone number including the area code.
Mailing Address:	Provide the owner's or the agent's complete mailing address. Letters returned for insufficient or unknown address will be discarded.
Property Street Address:	Provide the number and street where the property is located.
Property Address City:	Provide the city or locale where the property is located.
Property Address County:	Provide the name of the county where the property is located.
Lot, Block, Subdivision, Unit:	If the subject property is in a subdivision, provide the legal description of the property in the spaces provided. Do not write "See Attached".
Section, Township, Range, Parcel Number:	If the subject property is not in a subdivision, provide the section, township (including N or S), and range (including E or W). Include the parcel number if appropriate. Do not write "See Attached."
Metes and Bounds Description:	"X" the box if the property is described by a metes and bounds description. Include the section, township, range, and parcel number in the spaces above and attach the metes and bounds description in the application package.
Variance Request Information:	State the facts that demonstrate the variance request meets the statutory conditions for granting a variance. (Attach a separate sheet if necessary.)
Signature of Owner or Agent:	The owner or agent must sign this form attesting to the accuracy of the information provided and authorizing department employees to enter onto the subject property. The name signed must be either the name of the listed owner or the name of the listed agent.

## Instructions for assembling the variance request information package

Supportive documentation should include eight (8) copies of the following:

- Completed application for onsite sewage treatment and disposal system construction permit
- The denial letter from the County Health Department
- Completed site evaluation form
- Completed plot plan, drawn to scale, showing pertinent features on your own and neighboring properties
- Complete plans and specifications for the proposed system
- Any other information necessary for rendering a decision or which you feel is pertinent to your case
- NOTE: If your variance request involves setback violations, your site plan should very clearly show the exact setback dimensions that will be achieved if the variance is granted.
- NOTE: If your variance request involves the setback to a public drinking water supply well, a written opinion from the agency regulating the affected public drinking water system is required to be included in your application package.
- NOTE: If your variance request involves jurisdiction of sewage treatment regulation, a letter from the agency having jurisdiction which authorizes the Department of Health to take jurisdiction of the sewage flow is required.

The burden of presenting pertinent and supportive facts is the responsibility of the applicant. Failure to provide necessary information may result in the application being denied or tabled.

Each of the eight copies of the variance application package should be assembled in the following order:

Variance Application Form, Part I  
Variance Application Form, Part II  
Continuation of Part I (if any)  
Continuation of Part II (if any)  
Denial letter  
OSTDS Application for construction permit  
Site evaluation  
Site plan  
Subdivision map  
System design specifications  
Other substantiating data

Each copy should be stapled together and all eight copies should be banded into a single bundle.

**YOUR VARIANCE REQUEST IS INCOMPLETE WITHOUT PART II COMPLETED BY THE COUNTY HEALTH DEPARTMENT.**

Your County Health Department will need ample time to review your completed variance request, perform their required field activities and prepare their comments for your request. Check with your County Health Department concerning their deadline for submission of materials.

This completed application must be received by the Department of Health, Onsite Sewage Office in Tallahassee no later than the 15th of the month to be placed on the agenda for the next monthly meeting of the variance review and advisory committee. If the 15th falls on a weekend or legal holiday, the deadline for receipt will be the next regular working day.

PART II - COUNTY HEALTH DEPARTMENT INFORMATION

(To be completed by the county health department. See instructions on the back of this form.)

(TYPE OR PRINT LEGIBLY)

County Reference Number \_\_\_\_\_ County Health Department Use Only Fee Paid \$ \_\_\_\_\_ Date \_\_\_\_\_ Receipt Number \_\_\_\_\_

REASON STANDARDS CANNOT BE MET

SPECIFIC SECTION(S) OF 381.0065, F.S. OR 64E-6, F.A.C., INVOLVED IN REQUEST

REASON REQUIREMENTS IN THE SECTION CANNOT BE MET (include the quantity of the deviation from the requirement)

Blank lines for providing specific details on reason standards cannot be met.

SITE INFORMATION (Attach a completed site evaluation form)

Connection distance from property to sanitary sewer is \_\_\_\_\_ feet/miles.

Form with checkboxes for site information: Lots in the vicinity of the subject property are generally: [ ] Larger [ ] Smaller [ ] Same Size; Buildings on this property are: [ ] Proposed [ ] Existing [ ] Under Construction; The OSTDS involved in this variance request is: [ ] Proposed [ ] Installed [ ] Existing (Previously approved); Proposed property use is: [ ] Unchanged [ ] Increased [ ] New Use; Are there known OSTDS failures in the area? [ ] No [ ] Yes...Reason(s): \_\_\_\_\_

[ ] Lot is posted with a sign in accordance with the instructions on the back of this form.

Comments from the county health department (attach additional sheets if necessary): \_\_\_\_\_

Multiple blank lines for providing comments from the county health department.

Signature of Environmental Health Director or designee \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTICE

- 1. Procedures leading to the submission of this variance request must be in accordance with Chapter 120, Florida Statutes.
2. This completed application must be received by the Department of Health, Onsite Sewage Office in Tallahassee no later than the 15th of the month to be placed on the agenda for the next monthly meeting of the variance review and advisory committee. If the 15th falls on a weekend or legal holiday, the deadline for receipt will be the next regular working day.
3. If the variance request involves setbacks from wells or surface waters, the separation of the drainfield from the estimated wet season high water table, or the authorized sewage flow of the property, the county health department shall post a sign on the property.

# INSTRUCTIONS FOR THE COUNTY HEALTH DEPARTMENT

## Instructions for completing Part II, Department-Provided Information

County Reference Number:	If your office has an application number or other case number used to track this file, list it here so it can be included on variance correspondence.
Fee Paid:	Provide the amount of the variance application fee paid by the applicant.
Date:	Provide the date of the fee payment.
Receipt Number:	List the receipt number associated with the fee payment for purposes of audit control.
Specific Section(s) Involved in Request:	List the individual specific rule and statute citations which need to be varied in order to issue the construction permit or approve the system or operation.
Reason Requirements Cannot be Met:	Provide a brief explanation of the reason the section of the rule or statute was listed, for example: 64E-6.005(3), F.A.C. Proposed drainfield is 68 feet from surface water. 381.0065(4)(a), F.S. Anticipated flow (300 gpd) exceeds authorized (285 gpd) 381.0065(4)(b), F.S. Lot is in a subdivision that has 4.6 lots per acre.
Site Information:	Provide the distance from the property to the nearest sewer line and "X" the boxes that most closely describe the property, the establishment and the system involved in the request.
Lot is Posted:	Mark an "X" in the box if the lot has been posted. The county health department shall post a sign on the subject property under consideration for variance when reductions of setbacks from surface waters, wells, wet season high water table, and minimum lot size criteria are requested. The sign shall state that a variance from the standards of Chapter 64E-6, F.A.C. has been requested and that information on the variance request may be obtained from the county health department. The sign shall be posted in a conspicuous location on the lot no later than the 15th day of the month preceding the variance meeting and shall remain posted for a minimum period of two weeks.
Comments from the county health department:	Provide any facts that clarify the variance issues or that would be helpful to the committee in making a recommendation or to the department in making a decision.
Signature of Environmental Director:	The signature of the Director of the Environmental Health or Engineering Section that administers the Onsite Sewage Program, or his designee, is required.

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