Public Health

Water Quality Program

APPLICATION FOR ONSITE WASTEWATER TREATMENT SYSTEM VARIANCE

Applicant /Agent Name: _____ Date_____

Telephone Number: (____)_____

E-mail: _____

Property Owner(s) Name: _____

Telephone Number: (____) _____

E-mail: _____

Street Address of Property: _____

Legal Description of Property: _____

Registered Professional Engineer: _____

Narrative of Variance Request:

_____

_____

_____

_____

_____

_____

_____

_____

Administrative Use Only

Permit #_____

BOH Hearing Date: _____ Approved: _____ Denied: _____

Environmental Health • 3450 Broadway • Boulder, Colorado 80304 • Tel: 303.441.1564 Fax: 303.441.1468
www.BoulderCountyHealth.org