Trumbull County Combined Health District
194 WEST MAIN STREET, CORTLAND, OH 44410
Phone: (330) 675-2489
Fax: (330) 675-2494

APPLICATION FOR VARIANCE

Name: _____

Mailing Address: _____

Phone: _____ Date: _____

Location of Property Where Variance Requested: Twp: _____

_____

Application Fees *(See Page 2, #3 for Fee Information)*

☐ Inspection Required $300.00: ☐ No Inspection Required $50.00: ☐ Private Water Systems $188.00:

AND

☐ Recorder Fee $43.00: *(This form will not be accepted without the Recorder's Fee)*

Type of Variance Request

1. ☐ Household Sewage Disposal System* (OAC 3701-29). Specify the code that you are requesting a variance from: _____

   *** If the variance is for distances that may affect any neighboring properties, please list names & mailing addresses of neighboring property owners below.**

   _____

   _____

2. ☐ Sewer Connection – OAC 3701-29-06 (I)

3. ☐ Private Water System – OAC 3701-28. Specify the code that you are requesting a variance from: _____

4. ☐ Other(please specify): _____

Reason for Variance Request

List below the specific period of time and specific difficulties or other special conditions that constitute an unusual and unnecessary hardship:

_____

_____

_____

_____

Property Owner Signature (Required): _____

Application will not be accepted if signed by installer, well-driller, realtor, etc. Property owner signature only.

Submit with the Application

1. **Proof of property ownership**: i.e., deed, certificate of transfer, court order, fiduciary deed, etc. SAID DOCUMENT MUST BE OBTAINED FROM THE OFFICE THE TRUMBULL COUNTY RECORDER AND CLEARY SHOW THE VOLUME AND PAGE NUMBER OR BAR CODE WITH IDENTIFICATION NUMBER. It is the responsibility of the requestor to submit the correct proof of property ownership to the Board.

2. **Plot plan of property drawn on a separate piece of paper**, show the following:
   a) Location of all existing dwellings, buildings, outbuildings, driveways and any proposed additions.
   b) Location of complete existing sewage disposal system (List all components);
   c) Location of existing well and/or other private water system, including water supply lines;
   d) Any unusual features, such as ponds, rock outcrops, etc.

3. **Submit application fee detailed below:**
   a) Requests that require an inspection: **$300.00**
   b) Requests that do not require an additional inspection: **$50.00**.
   c) In addition, submit a separate check made out to the Trumbull County Recorder in the amount of **$43.00**. If the Board grants the variance, you shall receive an affidavit in the mail. This document must be signed, notarized and returned to this agency. Once we receive the affidavit, it shall be submitted, along with the $**43.00** check to the Recorder's Office for filing. By signing the affidavit, the requestor is agreeing to the terms of the variance as determined by the Board. Finally, it should be noted that the variance is not in effect until the affidavit is filed in the Recorder's Office.

Additional Information

- If this variance is for the sewage disposal system, arrangements must be made with our department to have the system inspected. This is to be done prior to the Board of Health meeting. If, at the time of evaluation, the system is determined to be creating a nuisance, the sewage treatment system must be replaced per ORC 3718.011
- To prove a hardship, it may be necessary to provide a medical statement of said difficulties or special conditions.
- Remember, it is the requestor's responsibility to submit the correct deed showing the volume and page number. In the event the wrong deed is submitted for filing, a new affidavit shall have to be submitted together with an additional check for $18.00 to cover the cost of re-filing the new document.