



RICE COUNTY SEPTIC SYSTEM VARIANCE APPLICATION

Application for variance and payment of fee does not ensure granting of variance.
Fee is nonrefundable once application is processed.

SITE INFORMATION:

Applicant must submit a scaled drawing/site plan of the layout of the proposed sewage treatment system including lot dimensions, property lines/survey markers, existing and proposed structures, wells, proposed setbacks and limiting factors

PARCEL I.D. _____ Date : _____

OWNER(s):

NAME: _____ Daytime PHONE #: _____

(print)

PROJECT ADDRESS: _____

MAILING ADDRESS (if different than above): _____

PROPERTY OWNERS'S SIGNATURE(s): _____

By signing above I the Owner(s) agree to allow Rice County Staff onsite to examine property in review of this request I attest the information on this application is true and I acknowledge that in the submission of this variance request, I hereby authorize department employees to enter onto my property to conduct inspection activities.

VARIANCE(s) REQUESTED:

*If variance request includes a reduction in the horizontal setback distance to a property line a Variance Reply Statement form with signature of Affected Property owner(s) must be attached.

A variance may not be granted under section 711.05, until the department is satisfied your variance request satisfies the requirement that the hardship was not caused intentionally by the action of the applicant, that there is no reasonable alternative for the treatment of sewage and that the variance will not adversely affect the health of the applicant or the public.

Rice County to complete lower portion

Variance GRANTED* _____

Variance DENIED _____

With Conditions identified below

Date: _____

Signature of Rice County Environmental Health Administrator

*Granted variances expire if not acted upon within one year from date of approval

Variance Reply Statement From Affected Property Owner



Variance Requested by (Parcel Owner)

Project Address

Rice County Parcel ID #

Variance Request Summary: _____

I, the adjacent parcel owner **DO** / **DO NOT** object to the placement of the _____ component of your subsurface sewage treatment system _____ feet from my property line, as identified on the attached site drawing.

Signature(s) adjoining property owner

Date

Name property owner(s) (*please print*)

Daytime Phone Number

Address of adjoining parcel

City

State

Zip Code