

Pickaway County Public Health

110 Island Rd., Suite C, P.O. BOX 613 CIRCLEVILLE, OH 43113
Phone 740-477-9667 | Fax 740-474-5523 | Clinical Health Fax 740-420-6102



Environmental Health Division Variance Request

Applicant Information:

Name:		Date:	
Mail Address:	City:	Zip:	
Email:	Phone:	Cell:	

Site Address:	City:	Township:
Parcel Number	Lot Number (if applicable)	

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ALL variance requests along with payment of \$140.00 must be received by Environmental Health Division staff. The Variance request must be made on the 1st business day of the Month that the Board of Health meeting is being held, if not received before the deadline your variance will be placed on the Agenda for the next meeting. Dates of upcoming Board of Health meetings can be seen at www.pchd.org. Variance requests must be sent to EH division by mail, hand delivery, by fax to 740-474-5523, or by email to cschwalbauch@pchd.org. A letter with explanation of variance request must be attached to this application and include any other documents, photos, or diagrams to support your request.

If you attend the meeting to present your request, Board of Health meetings are held at the Pickaway County Service Center, 110 Island Road, Circleville, OH 43113 on the second floor conference room, on the 3rd Tuesday of each month. Entry access to the meeting will be at the backdoor off of the parking lot by railroad tracks.

Applicants Signature: _____ **Date:** _____

Application received by:	Date:	Variance Fee:	Receipt #:
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This evaluation is not a guarantee and applies only to those conditions at the time of the inspection. Our examination is limited to our resources, documents submitted, and to those items that can be observed under the prevailing weather and surface conditions on that date of the inspection and not by factors that cannot be observed upon inspection