

Date Received: _____

Permit Number: _____

Phone: (806)-378-9472
Fax: (806)-378-3585



Receipt #: _____

Date Paid: _____

TDD: (806)-378-4229
ehealth@amarillo.gov

Amarillo Area Public Health District

OSSF Variance Request Form

Fee: \$220

Address for Variance Request: _____ City/State/Zip: _____

Person Requesting Variance: _____

Relationship to property: Property Owner OSSF Installer Other: _____

Contact Information: Phone: _____ Email: _____

VARIANCE INFORMATION

Type of Variance: *(Please attach additional pages if needed)*

Modifications or waivers to the Texas Administrative Code require justification and documentation

A. Describe the proposed variance: _____

B. Give an example of what you would like to do: _____

Write the Section Number(s) of the Texas Administrative Code Chapter 285 that will be affected:

Applicant Signature: _____ Date: _____

(FOR OFFICE USE ONLY)

The following information is needed: _____

Variance Approved Variance Not Approved

Designated Representative: _____ Date: _____

Mail Application and Permit Fee To:
Environmental Health Department
PO Box 1971
Amarillo, TX 79105-1971

Physical Address
Environmental Health Department
808 S. Buchanan
Amarillo, TX 79101