

OSSF	Permit	#:

Date Paid:

Amarillo Area Public Health District OSSF Variance Application

Fee: \$100

911 Address for Variance Requ	est:		City:
Person Requesting Variance:			
Relationship to the property:	Property Owner	OSSF Installer	Professional Engineer/Registered Sanitarian
Contact Information: Pho	ne:		Email:

Planning materials prepared by a professional engineer or professional sanitarian with appropriate seal, date, and signature shall be submitted with the variance application unless otherwise specified.

Variance Request Type/Section number(s) of the Texas Administrative Code Chapter 285 that will be affected:

§285.91(10): Table X: Setback Requirements:	
§285.33(b)(1)(A)(i): Drainfield trench length or de	epth:
§285.32(a), §285.33(a)(3), §285.91(10): Sewer pi	ipe material type or diameter requirement:
§285.4(a)(1): Lot size less than the required acre	age:
Other:	
• • • •	conditions are equivalent to or provide greater protection of the public tandards as mentioned in TAC Chapter §285.3 (h):
Applicant Signature:	Date:
FC	DR OFFICAL USE ONLY
Variance Approved	

Additional Requirements: ______

Variance Not Approved (justification will be provided to the applicant in a separate letter)				
Review completed by:		_ Date:		
Payment Type: Cash Credit Card Type:	Authorization No.:	Check No.:		

Payment Information: Amt Paid: ______ Receipt No.: 008-

Mail Application and Fee To: Environmental Health Department PO Box 1971 Amarillo, TX 79105-1971 Physical Address: Environmental Health Department 808 S. Buchanan Amarillo, TX 79101