

Phone: (806) 378-9472
Fax: (806) 378-3585
ehhealthOSSF@amarillo.gov



OSSF Permit #: _____

Date Paid: _____

Amarillo Area Public Health District OSSF Variance Application

Fee: See current FY fee schedule

911 Address for Variance Request: _____	City: _____
Person Requesting Variance: _____	
Relationship to the property: <input type="checkbox"/> Property Owner <input type="checkbox"/> OSSF Installer <input type="checkbox"/> Professional Engineer/Registered Sanitarian	
Contact Information: Phone: _____	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 depth: _____
- §285.32(a), §285.33(a)(3), §285.91(10): Sewer pipe material type or diameter requirement: _____
- §285.4(a)(1): Lot size less than the required acreage: _____
- Other: _____

Define that the variance request(s) demonstrates conditions are equivalent to or provide greater protection of the public health and the environment standards as mentioned in TAC Chapter §285.3 (h):

Applicant Signature: _____ Date: _____

FOR OFFICIAL 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