

Gallatin City-County Health Department, Environmental Health Services

215 W. Mendenhall Rm 108, Bozeman, MT 59715 (406) 582-3120

Variance Application

www.healthygallatin.org

- A variance application is reviewed in conjunction with a **complete** local wastewater treatment system (WWTS) or subdivision [Certificate of Subdivision Approval (COSA)] application and is a request for a variance to Health Code Chapter 3, Regulations for Wastewater Treatment Systems, effective August 23, 2015.
- For the variance request to be considered, this application must be completed and submitted with all of the required information:
 1. Variance Criteria (attached)
 2. Adjacent Property Owner(s) List (attached)
 3. Description of Each Variance Request. A detailed and accurate description of the proposed project or circumstances under consideration.
 4. Variance Fee(s).

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Property owner(s) \_\_\_\_\_

Site address \_\_\_\_\_  
(of variance request property)

COSA \_\_\_\_\_ EQ # \_\_\_\_\_

Block \_\_\_\_\_ Lot / Tract \_\_\_\_\_ COS / Minor Sub # \_\_\_\_\_

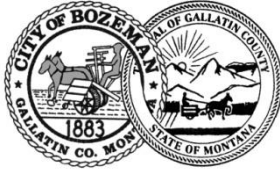
- Variance Request For
- Local Wastewater Treatment System Application
  - Local Health Officer Approval for a Certificate of Subdivision (COSA)

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I hereby make formal request to the Gallatin City-County Board of Health for the variance(s) from the Regulations for Wastewater Treatment Systems as cited above.

- I hereby attest that I am the legal owner of the property or an agent thereof and that the information provided is complete and accurate to the best of my knowledge.
- I am submitting this request only after all alternatives not requiring variance(s) have been explored.
- I understand the Board may not be able to approve a variance that will violate State of Montana Rules or Codes. Should the request be denied, I understand I may appeal the Board of Health's decision to the Montana Department of Environmental Quality, per 75-5-305, MCA.
- I understand that if the variance request is approved, the Board's findings will be filed at the C & R's office for the subject property.
- I further certify that I have read and understand this variance application.

Signature _____ Date _____



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Variance Criteria

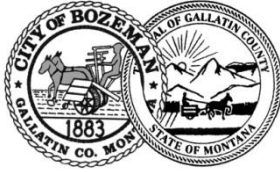
This information will be forwarded to the Gallatin City-County Board of Health and will be crucial for their consideration and final decision.

- You must address each of the following criteria items as clearly and completely as possible.
- Describe each variance request and specific regulation from which the variance is requested.

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The Gallatin City-County Board of Health may grant a variance from a requirement only if it finds that all of the following criteria are met:

1. Granting the variance will not:
  - contaminate any actual or potential drinking water supply;
  - cause a public health hazard as a result of access to insects, rodents, or other possible carriers of disease to humans;
  - cause a public health hazard by being accessible to persons or animals;
  - violate any law or regulation governing water pollution or wastewater treatment and disposal, including the rules contained in this subchapter except for the rule that the variance is requested from;
  - pollute or contaminate state waters, in violation of 75-5-605, MCA;
  - degrade state waters unless authorized pursuant to 75-5-303, MCA; or
  - cause a nuisance due to odor, unsightly appearance, or other aesthetic consideration;
2. Compliance with the requirement from which the variance is requested would result in undue hardship to the applicant;
3. The variance is necessary to address extraordinary conditions that the applicant could not reasonably have prevented;
4. No alternatives that comply with the requirement are reasonably feasible; and
5. The variance requested is not more than the minimum needed to address the extraordinary conditions.



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## Certification of Adjoining Property Owners List

Property Owner \_\_\_\_\_

Agent/Applicant \_\_\_\_\_

Site Address \_\_\_\_\_ Parcel Size (Acres) \_\_\_\_\_  
(of variance request property)

COSA \_\_\_\_\_ EQ # \_\_\_\_\_  
(Certificate of Subdivision Approval)

Block \_\_\_\_\_ Section \_\_\_\_\_

Lot/Tract \_\_\_\_\_ Township \_\_\_\_\_

COS/Minor Sub \_\_\_\_\_ Range \_\_\_\_\_

Adjoining property owners list must include:

1. Owner(s) Name
2. Mailing Address
3. Location of property
4. Subdivision, Block, Lot/Tract
5. Legal Description ¼, ¼, Section, Township, Range
6. MUST include properties across any roadways

- I hereby attest that I am the legal owner of the property or an agent thereof and that the information provided is complete and accurate to the best of my knowledge.
- I further attest that the attached list of adjoining property owners of property is a complete and accurate list from the last declared Gallatin County tax records, including all properties across any roadways.
- I understand that an inaccurate list may delay processing, or invalidate my application for a variance.

Signature \_\_\_\_\_ Date \_\_\_\_\_