

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)
 5. Waiver of Right to Protest Form

Property owner(s) _____

Site address _____
(of variance request property)

COSA _____ EQ # _____

Block _____ Lot / Tract _____ COS / Minor Sub # _____

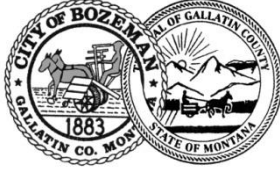
Variance Request for Local Wastewater Treatment System Application

Local Health Officer Approval for a Certificate of Subdivision Approval (COSA)

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 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 statutes or regulations. 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 the Board's findings will be recorded at the Clerk & Recorder's office for the subject property.
- I understand and agree that the variance(s) requested, if approved by the Board, will automatically expire upon expiration of the associated Authorization to Construct.
- I further certify that I have read and understand this variance application.

Signature _____ Date _____
Property Owner



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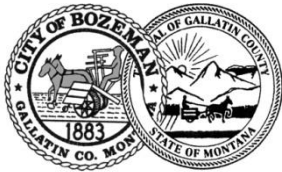
Variance Criteria

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

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

17.36.922 LOCAL VARIANCES

- (1) As provided in this rule, a local board of health, as defined in 50-2-101, MCA, may grant variances from the requirements in this subchapter and in Department Circular DEQ-4, except for requirements established by statute.
- (2) The local board of health may grant a variance from a requirement only if it finds that all the following criteria are met:
 - (a) granting the variance will not:
 - (i) contaminate any actual or potential drinking water supply;
 - (ii) cause a public health hazard as a result of access to insects, rodents, or other possible carriers of disease to humans;
 - (iii) cause a public health hazard by being accessible to persons or animals;
 - (iv) 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;
 - (v) pollute or contaminate state waters, in violation of 75-5-605, MCA;
 - (vi) degrade state waters unless authorized pursuant to 75-5-303, MCA; or
 - (vii) cause a nuisance due to odor, unsightly appearance, or other aesthetic consideration;
 - (b) compliance with the requirement from which the variance is requested would result in undue hardship to the applicant;
 - (c) the variance is necessary to address extraordinary conditions that the applicant could not reasonably have prevented;
 - (d) no alternatives that comply with the requirement are reasonably feasible;
and
 - (e) the variance requested is not more than the minimum needed to address the extraordinary conditions.
- (3) The local board of health's decision regarding a variance of a requirement in this subchapter or in Department Circular DEQ-4 may be appealed to the department pursuant to ARM 17.36.924.



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Certification of Adjoining Property Owners List

Property Owner(s) _____

Site Address _____ Parcel Size (Acres) _____
(of variance request property)

COSA _____ EQ # _____
(Certificate of Subdivision Approval)

Block _____ Section _____
Lot/Tract _____ Township _____
COS/Minor Sub _____ Range _____
Sub Plat _____

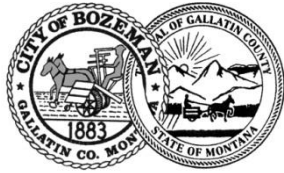
Adjoining property owners list must include:

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 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 _____
Property Owner

Return to _____



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Waiver of Right to Protest

Property Owner(s) _____

Site Address _____ Parcel Size (Acres) _____
(of variance request property)

COSA _____ EQ # _____
(Certificate of Subdivision Approval)

Block _____	Section _____
Lot/Tract _____	Township _____
COS/Minor Sub _____	Range _____
Sub Plat _____	

In consideration of receiving approval of the variance(s) to Health Code Chapter 3 – Regulations for Wastewater Treatment Systems for the above-described property (“Property”), along with the accompanying rights and privileges, and in recognition of the requirements of Admin. R. Mont. 17.36.914, I agree as follows:

- I am the legal owner of the Property.
- I hereby waive the right to protest creation of one or more Special Improvement Districts or Rural Improvement Districts for the provision of public or community sewer services to the Property.
- I agree to connect to public or community sewer services when they become available to the Property in accordance with Admin. R. Mont. 17.36.914.
- I agree the Gallatin City-County Health Department may record this Waiver of Right to Protest in the real property records of the Gallatin County Clerk & Recorder.
- I further agree this Waiver of Right to Protest is a covenant running with the land and binding on my heirs, successors, assigns, and any and all subsequent purchasers, holders, and owners of the property.

[SIGNATURE PAGE FOLLOWS]

Property Owner

Signature _____ Date _____
Property Owner

STATE OF _____)
;ss
County of _____

This record was acknowledged before me on _____ by _____
_____.

Notary Public for the State of Montana
Residing at _____
My commission expires _____

[Attach additional signature pages as needed for two or more property owners.]

Signature _____ Date _____
Matt Kelley, Gallatin City-County Health Officer

State of Montana, County of Gallatin

This record was acknowledged before me on _____ by Matt Kelley,
Gallatin City-County Health Officer_____.

Notary Public for the State of Montana
Residing at _____
My commission expires _____

Signature _____ Date _____
Property Owner

STATE OF _____)
;ss
County of _____

This record was acknowledged before me on _____ by _____
_____.

Notary Public for the State of Montana
Residing at _____
My commission expires _____

Signature _____ Date _____
Property Owner

STATE OF _____)
;ss
County of _____

This record was acknowledged before me on _____ by _____
_____.

Notary Public for the State of Montana
Residing at _____
My commission expires _____