



DEPARTMENT OF COMMUNITY SERVICES  
 DIVISION OF ENVIRONMENTAL HEALTH  
 292 West Beamer Street, Woodland, Ca 95695  
 Telephone: 530-666-8646 • Fax 530-669-1448  
 Environmental.health@yolocounty.org

FOR OFFICE USE ONLY: FA #: _____ SR #: _____
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## APPLICATION FOR SEPTIC SYSTEM DESIGN AND INSTALLATION VARIANCE

**APPLICANT:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

**OWNER:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

**CONTRACTOR:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

**PROPERTY:**

Assessor Parcel Number (APN): \_\_\_\_\_

Address: \_\_\_\_\_

**SYSTEM DESIGN:**

Please attach a design for the proposed septic system. Include lot size, all existing structures, wells, proposed setbacks and limiting factors (i.e. slopes, high groundwater, wetlands, trees, and vegetation etc.)

Variance(s) Requested:	Applicable County Code:	Reason(s) for Variance:	Alternatives if Variance is Denied: <i>(No variance shall be granted where there is an alternative that meets adopted standards)</i>

**The Variance (s) Process:**

On a case by case basis, the Director of Environmental Health may grant a variance to certain provisions of the Yolo County Code. Such requests shall be made in writing by the applicant and include an appropriate fee. No variance will be granted that constitutes a grant of a special privilege inconsistent with limitations placed upon other properties in the same or similar circumstances.

The applicant must provide written evidence that ALL eight (8) of the following criteria for granting the variance(s) are being met. The detailed statements answering each of the following criteria shall be attached to this application.

- (1) The variance would not present a public health hazard, have an adverse environmental effect, or result in pollution or degradation of ground water or surface water.
- (2) Special circumstance(s) exist(s) for the subject property and for which strict application of the requirements of County Code create(s) an undue hardship.
- (3) The hardship is due to unique conditions affecting the property.
- (4) The hardship was not intentionally caused by the action of the applicant.
- (5) The requested variance will not have an adverse effect on the surrounding properties.
- (6) The requested variance will not confer on the applicant any special privilege that is denied to other property owners with similar circumstance.
- (7) The strict interpretation of the provisions of the County Code would deprive the applicant of rights commonly enjoyed by other properties in the same or similar circumstances.
- (8) The requested variance is the minimum variance which would alleviate the hardship.

**I certify that the above information and the attached information is correct, and that I am authorized to file an application for a Variance Request to a Septic System Design affecting said property on behalf of the owner. I agree to indemnify and hold harmless the County, its officers, officials, employees and agents to the fullest extent allowed by law from any and all claims, demands, liability, damages, cost or expenses (including, but not limited to, attorney fees) in law or equity that may at any time arise or be asserted based in whole or in part upon the County approving this variance request.**

\_\_\_\_\_  
Applicant Signature/Title

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Office Use Only:**

**• REHS Findings/Remarks:**

\_\_\_\_\_  
\_\_\_\_\_

Reviewed by: \_\_\_\_\_, REHS      Date: \_\_\_\_\_

**• EH Supervisor Findings/Recommendation:**

\_\_\_\_\_  
\_\_\_\_\_

Reviewed by: \_\_\_\_\_      Date: \_\_\_\_\_

**• Director of Environmental Health Findings/Recommendation:**

\_\_\_\_\_  
\_\_\_\_\_

**Variance Granted with the following conditions:**

\_\_\_\_\_

**Variance Denied for the following reason(s):**

\_\_\_\_\_

Director of EH: \_\_\_\_\_      Date: \_\_\_\_\_