



**COUNTY OF NEVADA  
COMMUNITY DEVELOPMENT AGENCY**

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**ENVIRONMENTAL HEALTH DEPARTMENT**

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**APPLICATION FOR A VARIANCE  
FROM THE SEWAGE DISPOSAL ORDINANCE**

Please realize that a variance can only be given to reduce or modify a requirement, not eliminate it entirely. In reviewing a variance, sufficient information must be provided by the applicant so that the Director can make a finding that there will not be a health hazard or pollution created. No variance can be approved that constitutes a grant of a special privilege inconsistent with limitations placed upon other properties in the vicinity and zoning district. Make sure that you fill out this application completely (*provide supplemental attachments as necessary*).

**Assessor's Parcel Number:** \_\_\_\_\_

**Site Address:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Applicant's Email:** \_\_\_\_\_

**I am applying for a variance from Section(s)** \_\_\_\_\_ **of the**

**Administrative** and/or  **Technical Regulations** and/or  **Sewage Disposal Ordinance**

**Specifically, I am requesting a variance to allow:** (describe specifically what the variance is needed for, eg., "to reduce the leachfield setback to a property line from 50 ft to 35 ft") \_\_\_\_\_

**The following special circumstance(s) exist(s) for the property that create(s) a unique hardship, or that will deprive me of privileges enjoyed for other property in the vicinity and zoning district in which the property is located:** (e.g., "small parcels were created in this subdivision 20 years ago when property setbacks were smaller; other properties along this street all have property setback variances because of this; I cannot develop the parcel without the variance due to the setback constraints".) \_\_\_\_\_

**I have attached supplemental information with my variance application:** (Please list attachments provided) \_\_\_\_\_

**I hereby certify the statements and attachments in this variance application are true and accurate to the best of my knowledge. I further certify that any hardship(s) described above was/were not intentionally cause by me.**

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

Please note that this variance application will be routed to Department staff most familiar with this job for review and recommendation. The Director will either approve, conditionally approve, or deny it in writing within fifteen (15) days from the date a completed application was received. For unique, lengthy, or complex variances, the applicant may choose to waive the 15-day time period in writing to the Department. California Environmental Quality Act time frames apply to projects which require environmental review under those regulations.

**OFFICE USE ONLY**

Fee: \$ \_\_\_\_\_

Paid: \$ \_\_\_\_\_

Receipt No. \_\_\_\_\_

Job No. \_\_\_\_\_