GENERAL ENVIRONMENTAL HEALTH
REQUEST FOR WAIVER OR VARIANCE FROM
SANITARY CODE PROVISIONS

Whenever a strict interpretation of a code would result in significant hardship, a person may request a review of the provision causing hardship by the Environmental Health Hearing Officer or a hearing before the Administrative Hearing Officer.

DATE: _________________

_____ Administrative Review of Waivers or Variances; $325.00 non-refundable fee
_____ Administrative Hearing, before the Hearings Officer, of Waivers or Variances Requested by Applicant; $865.00

Requestor’s Information

Name: ___________________________________________ Phone: __________________
Address: _________________________________________ City: _______________ State: ____ Zip Code: ______

Permit Applicant’s Information: (If different Than Appellant)

Name: ___________________________________________ Phone: __________________
Address: _________________________________________ City: _______________ State: ____ Zip Code: ______

Property Owner’s Information: (If different Than Appellant)

Name: ___________________________________________ Phone: __________________
Address: _________________________________________ City: _______________ State: ____ Zip Code: ______

Project Information:

Permit Type: ___________________________________________ Permit # ______________
Property Tax Parcel Number: ____________________________________________
Property Legal Description: ____________________________________________________________________________
Property Address: _________________________________________ City: _______________ State: ____ Zip Code: ______
(An attached legal description is acceptable OR refer to existing submissions if already part of the permit application.)

Receipt Date: __________ Fee Paid: _______ Receipt No.: __________ Received By: __________

---- Continued On the Reverse Side ----

Any person requesting a waiver pursuant to Section 13.1 shall provide the following information to the health department:

- Complete application.
- Submit corresponding fee.

A summary of the nature of the request:

Site code provision requested to be waived: (Specify the particular WAC number from the applicable Chapter and/or the Article number for which a waiver or variance is being sought. Such as “WAC 246-272-140 (1), and/or “Article IV, Section 17.3.”)

List the specific hardship that will be caused by following the required code and the reasons that the code provision cannot be met:

The waiver or variance must contain justification describing how it is consistent with the purpose and objectives of the Article, and how it meets the public health intent of the applicable Article:
Summarize design alternatives that exist for this issue (if applicable):

State whether a hearing before the Administrative Hearing Officer is requested (if so, note that the fee is $845):

List of all persons required to be given notice of the waiver request and their addresses as noted in Section 13.2, if applicable:

Applicant may attach any information such as maps, drawings or documents for review. The documents must be smaller than 11 inches x 17 inches.

Requestor's Signature: ____________________________ Date: ___________

Request DOH or DOE review before granting?  Yes ___ No___

Neighbor Notification: Required?  Yes___ No___
If needed, are agreements, easements, etc. properly filed?  Yes___ No___

Health Officer Comments:

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

General Request for Waiver         To request this application in an alternative format, please contact Kathy at (360) 867-2644   (Updated 12/14)kp