

**PUBLIC HEALTH AND  
SOCIAL SERVICES DEPARTMENT  
ENVIRONMENTAL HEALTH DIVISION  
2000 Lakeridge Drive SW  
Olympia, WA 98502-6045  
(360) 867-2644 TDD (360) 867-2603**



**ARTICLE III & IV  
REQUEST FOR WAIVER FROM SANITARY CODE PROVISIONS**

Whenever a strict interpretation of a code would result in significant hardship, a person may request a waiver 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; \$285.00 non-refundable fee  
\_\_\_\_\_ Administrative Hearing, before the Hearings Officer, of Waivers and Variances Requested  
by Applicant; \$775.00

**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 ----**

**Thurston County’s Sanitary Code Article I, Section 13.1 Information Required for the Submission of a Request for Waiver of Code Provisions.**

Any person requesting a waiver or variance 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 Chapter 246-272A WAC and/or the Article IV 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 Article IV to meet public health intent of Article IV. (This requirement does not apply to Article III.):

Summarize the design alternatives that exist for this issue:

State whether a hearing before the Administrative Hearing Officer is requested (if so, note that the fee is \$775.00):

List of all persons required to be given notice of the waiver or variance 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:** \_\_\_\_\_

-----**THIS SECTION COMPLETED BY HEALTH OFFICER**-----

Type of Waiver: Class A \_\_\_ Class B \_\_\_ Class C \_\_\_ - *Request DOH review before granting?* Yes \_\_\_ No \_\_\_

Neighbor Notification: (11) Required? Yes \_\_\_ No \_\_\_  
If needed, are agreements, easements, etc. properly filed? Yes \_\_\_ No \_\_\_

Health Officer Comments:

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