



LAWRENCE COUNTY HEALTH DEPARTMENT

2122 So. 8th Street
Ironton, OH 45638
740-532-3962



Public Health
Prevent. Promote. Protect.
Lawrence County Health Department

Tony Virgin, MD
Health Commissioner

Jim Meadows, MD
Medical Director

VARIANCE REQUEST APPLICATION

(application fee \$50.00)

Name _____

Address of Applicant _____

Address of Lot (if different than above) _____

Phone # _____ Email Address _____

Township _____ Parcel # _____ Lot Size _____ #bedrooms in home _____

Please describe your request _____

If the variance is granted, I agree to comply with any special conditions of the variance that the Lawrence County Board of Health might place upon the variance approval. I further understand that for any nuisance that occurs as a result of malfunction or failure of the water or sewage system then I shall make corrective action in accordance with the private water and or household sewage disposal regulations.

Signature of Applicant

Date

Signature of Applicant

Date

Please note: if more than one individual owns the property, the signature of all involved property owners is required.

Office Use Only

Health Department Recommendation: _____

Code Reference(s) _____

Reviewer's Signature

Date Reviewed

Fee Paid \$ _____

Date Paid _____

Receipt # _____

Board of Health Action: _____

Date _____

Special Conditions: _____
