



Serving Lee County Since 1947

Request For Septic Variance

Location Address: _____

Location Permanent Parcel Number: _____

Owner's Name: _____ Owner's Phone: _____

Address Where Variance to be Mailed: _____

Septic Contractor: _____ State License Number: _____

Variance(s) Requested

Proposal

Distance(s) from well(s) to seepage field area. _____

Distance(s) from tank to well. _____

Distance(s) from seepage field area to lot line. _____

Depth of seepage field lines or bed. _____

Other (specify): _____

Reasons: _____

I certify that the information provided above is to the best of my knowledge correct and accurate.

Signed: _____ Date Request Filed: _____

*****FOR OFFICE USE ONLY*****

Date Request Approved/Denied: _____ By: _____
(Circle One) Health Department Representative

Comments: _____

SEPTIC PERMIT # _____