

Variance Checklist

Eight complete packets, each containing these documents in this order:

- **[Variance Application \(DH 4057\)](#)**
 - **Part 1** (Completed, hardship stated, signed and dated)
 - **Part 2** (Leave blank, completed by the Health Department)
 - **Continuation of hardship statement from Part 1** (if any)
- **OSTDS application page** (signed, dated, with correct plat date)
- **Denial Letter from the Health Department**
- **Site evaluation page** (redox. features and USDA textures used)
- **Site plan** (drawn to scale and show high water line of swale)
- **Boundary Survey**
- **Subdivision map*** (must show lots and block on surrounding streets)
*may be obtained from www.leepa.org
- **System Design Specifications**
- **Floor Plan** (drawn to scale, not reversed, matches system sizing)
- **Utility Easement Agreement** (only for duplexes sharing one system)
- **Additional Information**
- **Required State Fee** (payable to Florida Department of Health)
 - Single Family Residential - \$200.00
 - Multi-Family or Commercial - \$300.00

Please list the name and phone number of the person that compiled this application.
This will be the person contacted should any problems arise.

Name: _____

Phone #: _____