

# 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.ccappraiser.com](http://www.ccappraiser.com)
- **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 - \$300.00
  - Multi-Family or Commercial - \$400.00

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 #: \_\_\_\_\_