



Town of Barnstable Board of Health

200 Main Street, Hyannis

DATE: _____

\$95.00 FEE*: _____

REC. BY: _____

SCHED. DATE: _____

Office: 508-862-4644
FAX: 508-790-6304

F.P. (Thomas) Lee, Chair
Daniel Luczkow, M.D., Vice Chair
Donald Guadagnoli, M.D.
Paul Canniff, D.M.D.
Christine M. Beer, PhD
Steven Waller, M.D., Alternate

VARIANCE REQUEST FORM

LOCATION

Property Address: _____

Assessor's Map and Parcel Number: _____ Size of Lot: _____

Wetlands Within 300 Ft. _____ Business Name: _____

Subdivision Name: _____

APPLICANT'S NAME: _____ Phone _____
Did the owner of the property authorize you to represent him or her? Yes _____ No _____

PROPERTY OWNER'S NAME

Name: _____

CONTACT PERSON

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

EMAIL: _____

VARIANCE FROM REGULATION (Incl. Reg. Code #) **REASON FOR VARIANCE** (May attach separate sheet if more space needed)

NATURE OF WORK: House Addition

House Renovation

Repair of Failed Septic System

Checklist (to be completed by office staff-person receiving variance request application)

Please submit first four on list as 8 collated packets.

- ____ A. Eight (8) copies of the completed variance request form
- ____ B. Eight (8) copies of MA DEP approval letters for Innovative/Alternative septic system (when proposing an I/A system or secondary treatment unit (S.T.U.)).
- ____ C. Eight (8) hard copies of engineered plan submitted (e.g. septic system plans) and one (1) electronic version submitted to email: health@town.barnstable.ma.us *(Pool Plan – 4 hard copies)
- ____ D. Eight (8) copies of labeled dimensional floor plans submitted (e.g. house plans or restaurant kitchen plans) and one (1) electronic version.
A completed seven (7) page checklist confirming review of engineered septic system plan by submitting engineer or R.S.
Signed letter stating that the property or business owner authorized you to represent him/her for this request
Applicant must notify abutters by certified mail at least ten days prior to meeting date at applicant's expense (for Title V and/or local sewage regulation variances only).
Full menu –Eight (8) copies of full menu submitted (for grease trap variance requests only).
- ____ Fee Submitted*\$95.00 for the following variances: 1) New construction, 2) Septic repairs with increase in flows, and 3) New owner/new lessee applying for food, pool or body art variances. Exemptions from Variance Fee: 1) Septic repair without an increase in flow and variances granted at the counter, 2) Monitoring Plans, and 3) Temporary Food (not a “variance”).
- ____ Variance request submitted at least 15 days prior to meeting date

VARIANCE APPROVED _____

NOT APPROVED _____

REASON FOR DISAPPROVAL _____

MAIL-IN REQUESTS

Please mail the variance fee amount of \$95.00 (if applicable), along with the documents listed below, to the following address: Checks payable to: Town of Barnstable.

**Town of Barnstable
Public Health Division
200 Main Street
Hyannis, MA 02601**

For septic system variance requests, each of eight packets must include:

- 1) Variance Request Form,
- 2) Letter for the Board with further information on the reason for the septic variance request (Optional),
- 3) MA DEP Approval letters for a proposed Innovative Alternative (I/A) septic system or a proposed secondary treatment unit (S.T.U.)
- 4) Engineering plans,
- 5) Floor plans.

In addition to the eight septic packets above, include one copy of the seven (7) page checklist, the authorization letter, copy of abutters notice, and fee, if applicable (see checklist below).

Please send one electronic submission using a PDF or .jpg of the engineering plan and floor plans to email: health@town.barnstable.ma.us. Please put BOH in Subject Line(Total email must be less than 10 megabytes.)

For grease trap variance requests, each of four packets must also include a full menu. (see checklist below).

Checklist - Please submit first eight on list as 8 collated packets.

- _____ A. Eight (8) copies of the completed variance request form
- _____ B. Eight (8) copies of MA DEP approval letters for Innovative Alternative septic system (when proposing an I/A or secondary treatment unit (S.T.U.))
- _____ C. Eight (8) hard copies of engineered plan submitted (e.g. septic system plans) and one (1) electronic version submitted to email: health@barnstable.ma.us
- _____ D. Eight (8) copies of labeled dimensional floor plans submitted (e.g. house plans or restaurant kitchen plans) and one (1) electronic version submitted to email: health@town.barnstable.ma.us
- _____ A completed seven (7) page checklist, confirming all required items are on the engineered septic system plan submitted by engineer or registered sanitarian.
- _____ Signed letter stating that the property or business owner authorized you to represent him/her for this request
- _____ Applicant must notify the abutters by certified mail at least ten days prior to meeting date at applicant's expense (for Title V and/or local sewage regulation variances only).
- _____ Full menu – Eight (8) copies of full menu submitted (for grease trap variance requests only)
- _____ Fee Submitted *\$95.00 for the following variances: 1) New construction, 2) Septic repairs with increase in flows, 3) New owner/new lessee applying for food, pool or body art variances. Exemptions from Variance Fee: 1) Septic repair without an increase in flow and variances granted at the counter. 2) Monitoring Plans, and 3) Temporary Food (this is not a variance).
- _____ Variance request submitted at least 15 days prior to meeting date.

For further assistance on any item above, **call (508) 862-4644**

Email: health@town.barnstable.ma.us

[Back to Main Public Health Division Page](#)