



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

# Town of Barnstable Board of Health

200 Main Street, Hyannis

DATE : \_\_\_\_\_

\$95.00 FEE\* : \_\_\_\_\_

REC. BY : \_\_\_\_\_

SCHED. DATE : \_\_\_\_\_

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

### CONTACT PERSON

Name: \_\_\_\_\_ 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](mailto: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](mailto: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](mailto: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](mailto: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](mailto:health@town.barnstable.ma.us)

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