Application for Waiver/Appeal

Amount Paid: ___________   Receipt Number: _________________

WAI __________-____________

Instructions

1. Complete Parts 1 and 2. No determination can be made until these parts are fully completed.
2. Fees may be billed for waivers and appeals, based on the Environmental Health Fee Schedule.
3. Submit completed application with attachments to Mason County Public Health for review.

PART 1. Applicant/Parcel Identification

Name of Applicant ________________________________________ Telephone _________________

Mailing Address of Applicant  ________________________________________________________

City __________________________ State _________ Zip __________________

12-digit Tax Parcel No. ___ ___ ___ ___ -- ___ ___ -- ___ ___ ___ ___ ___ ___

Site Address ________________________________________________________________

Subdivision Name and Lot__________________________________________________________

PART 2: Nature of Waiver/Appeal

☐ Class B Reduction in Vertical Separation          ☐ Food Sanitation Requirements
☐ Building Permit Review Policies                  ☐ Group B Water System Regulations
☐ Location, WAC 246-272A-0210                      ☐ Water Adequacy Requirements
☐ Holding Tank WAC 246-272A-0240                   ☐ Enforcement Timelines
☐ Mason County Onsite Standards                    ☐ Departmental Determinations
☐ Contractor Certification Requirements            ☐ Other
       (Installer, Pumper, O&M Specialists)

Description of Waiver/Appeal (include justification, additional material may be attached):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Applicant Signature: ____________________________ Date: ____________

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2. Fees may be billed for waivers and appeals, based on the Environmental Health Fee Schedule.
3. Submit completed application with attachments to Mason County Public Health for review.

This form may be scanned and available for public view on the Mason County Web site.
PART 3: Public Health Evaluation (Staff Use Only)

1. Type of Determination Required: Type of Onsite Waiver (if applicable)
   - ☐ Appeal  ☐ Waiver  ☐ None required   - ☐ Class A  ☐ Class B  ☐ Class C

2. Identification of Specific Code/Standard/Determination (include date of determination or latest Code/Standard revision):
   ________________________________

3. Nature of Appeal:
   ________________________________________________________________
   ________________________________________________________________

4. Hearing Official:
   - ☐ Board of Health  ☐ Health Officer
   - ☐ Pollution Control hearing Board  ☐ Public Health Director
   - ☐ Certified Contractor Review Board  ☐ Environmental Health Manager

5. Mitigating Factors:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

6. I have received this waiver/appeal request. It is complete and mitigation required by the state and local policy has been submitted.

   Staff Signature: ___________________________________________ Date: ____________

PART 4: Determination of the Hearing Official

☐ The hearing official has determined that approval of this request will not adversely affect public health and is hereby granted. This decision is based on the following findings and conditions:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

☐ The hearing official has determined that approval of this request could potentially adversely effect public health and is hereby denied. This decision is based on the following findings and conditions:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

Hearing Official Signature: ___________________________ Date: ____________