



SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES
BOARD OF REVIEW
360 YAPHANK AVENUE, SUITE 2C, YAPHANK, NY 11980
(631) 852-5700 OR HealthWWM@suffolkcountyny.gov

APPLICATION FOR VARIANCE OR WAIVER FROM REGULATIONS OR SPECIFICATIONS

TO: Chairman of the Review Board

I, We, _____,
residing/doing business at (mailing address) _____,
request a variance [] or waiver [] from (indicate Article & Section Number) _____,
of the New York / Suffolk County Sanitary Code (cross one out), and is in reference to (indicate Health Services
Reference Number, name of proposed realty subdivision / development County Tax Map Number)
_____.

Brief explanation of why variance / waiver should be granted

_____.

Date _____

Signature(s) _____

Print Name(s) _____



1. **TYPE OR PRINT LEGIBLY** and submit completed form to the address at top of application.
2. **REGARDLESS OF ANY PRIOR SUBMISSION, YOU MUST ENCLOSE WITH US THIS APPLICATION**
 - a. Copy of survey for residential construction, site plan for commercial construction, or map of proposed realty subdivision / development; and
 - b. Copies of all pertinent paperwork (i.e., Notice of Non-Conformance or letter of rejection; estimate of cost to extend public water, etc.)
3. **FEES** – when the staff determines the submission to be acceptable, a letter will be prepared and sent to the applicant, owner, and design professional requesting the BOR fee. Fees may be paid by a check or money order, payable to “Suffolk County Environmental Health” or credit card (Visa or MasterCard). Please see current fee schedule. **RETURNED CHECKS ARE SUBJECT TO A PROCESSING FEE; CREDIT CARD PAYMENTS ARE SUBJECT TO PROCESSING FEES.**
4. **YOU WILL BE NOTIFIED IN WRITING** of the date, time and place for the hearing.
5. The hearing will be scheduled as soon as possible; however, all hearing schedules will be based on a first come-first served basis.