

Township of Warren
Board of Health

Somerset County

46 Mountain Boulevard, Warren, New Jersey 07059-5695
908-753-8000 Extension 239 – (Fax) 908-757-9173

VARIANCE APPLICATION

Date: _____ Block _____ Lot(s) _____

Owner's Name: _____

Address _____ Day Phone: _____

Applicant's Name (if different from owner) _____

Address _____ Day Phone: _____

Name of Attorney (if applicable) _____

Address _____ Phone: _____

Describe type of variance requested and reason for need of a variance: (Attach separate sheet, if necessary).

Describe any problems that currently exist and how they will be affected by the proposal for a variance. These should include, but are not limited to, drainage, percolation, soil log characteristics, rock ledges, high water table, proximity to wells, future expendability so system can be repaired in the future and impact on surrounding property owners: (Attach separate sheet if necessary).

Name of Engineer/Company Affiliation _____

Address _____ Phone: _____

Submit the following at least two (2) weeks prior to the scheduled Board of Health Meeting:

- 6 Copies of plot plan
- 11 Copies of application

Signature of Owner Date

Signature of Applicant (if different) Date

Please Note:

For septic variance only, the applicant shall give public notice by personal service or certified mail to properties as shown on the current tax map within 200' of the project. Proof must be submitted to the Board of Health prior to hearing per Board of Health Ordinance 91-2A, Section 6.