Township of Warren
Board of Health
Somerset County
46 Mountain Boulevard, Warren, New Jersey 07059
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.

Variance Application/Revised Forms
Revised July 2005