Mineral County Environmental Health and Planning
P.O. Box 396
300 River Street
Superior, MT
(406) 822-3525

REQUEST FOR VARIANCE
Application Fee - $725.00

Property Owner:_____

Mailing Address:_____

City:_____ Zip:_____

Physical Address of Property:_____

Section:_____ Township:_____ Range:_____COS or EQ#:_____

Describe PERMIT denial (if applicable):

A permit denial may be appealed to the Mineral County Board of Health as provided in the Administrative Rules of Montana 17.36.922 LOCAL VARIANCES. The appeal must be made in writing and submitted to the Mineral County Board of Health within thirty (30) days of the denial. The Board of Health shall act on the appeal within sixty (60) days. The applicant shall be notified, in writing, of the Board of Health's approval or denial of a variance. The Board of Health's letter of decision will be sent by registered mail. If a request for variance is denied by the Board of Health, the applicant may seek a variance from the State, according to the provisions in Administrative Rules of Montana 17.36.924 VARIANCE APPEALS TO THE DEPARTMENT.

17.36.922 LOCAL VARIANCES (1) As provided in this rule, a local board of health, as defined in 50-2-101, MCA, may grant variances from the requirements in this subchapter and in Department Circular DEQ-4, except for requirements established by statute.

(2) The local board of health may grant a variance from a requirement only if it finds that all the following criteria are met:

(a) granting the variance will not:

(i) contaminate any actual or potential drinking water supply;

(ii) cause a public health hazard as a result of access to insects, rodents, or other possible carriers of disease to humans;

(iii) cause a public health hazard by being accessible to persons or animals;

(iv) violate any law or regulation governing water pollution or wastewater treatment and disposal, including the rules contained in this subchapter except for the rule that the variance is requested from;

(v) pollute or contaminate state waters, in violation of 75-5-605, MCA;

(vi) degrade state waters unless authorized pursuant to 75-5-303, MCA; or

(vii) cause a nuisance due to odor, unsightly appearance, or other aesthetic consideration;

(b) compliance with the requirement from which the variance is requested would result in undue hardship to the applicant;

(c) the variance is necessary to address extraordinary conditions that the applicant could not reasonably have prevented;

(d) no alternatives that comply with the requirement are reasonably feasible; and

(e) the variance requested is not more than the minimum needed to address the extraordinary conditions.

(3) The local board of health's decision regarding a variance of a requirement in this subchapter or in Department Circular DEQ-4 may be appealed to the department pursuant to ARM 17.36.924.

Describe variance request, provide evidence supporting the variance, and include a statement addressing ARM 17.36.922 (2) (a-e):

Separately provide all necessary documentation supporting this request.

_____ _____

Signature of Applicant Date

_____ _____

Printed Name of Applicant Date

Variance Review Fee: $725.00 per request

How Paid:_____ Date:_____ Received by (Initials)_____

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BOARD OF HEALTH USE ONLY

Board of Health Decision Approved:_____ Denied:_____

Comments:

_____ _____

Signature of Board Chair or designee Date