



STEVE LEVY
SUFFOLK COUNTY EXECUTIVE

HUMAYUN J. CHAUDHRY, D.O., M.S.
COMMISSIONER

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES
BOARD OF REVIEW
360 YAPHANK AVENUE, SUITE 2C
YAPHANK, NEW YORK 11980

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 State/Suffolk County Sanitary Code (cross one out), and is in reference to (indicate Health Services
Reference Number, name of proposed realty subdivision /development and Suffolk County Tax Map
Number) _____.

Brief explanation of why variance/waiver should be granted _____

Date _____ Signature(s) _____

Print Name(s) _____

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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 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. **SUBMIT CERTIFIED CHECK OR MONEY ORDER FOR \$550.00, MADE PAYABLE TO SUFFOLK COUNTY ENVIRONMENTAL HEALTH. FEE SUBJECT TO CHANGE.**
 4. **DO NOT CALL THIS OFFICE.** 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.