



**Town of Harwich
Board of Health**

732 Main Street Harwich, MA 02645
508-430-7509 – Fax 508-430-7531
E-mail: health@town.harwich.ma.us

Office Use Only

Filing Fee Paid/Amount: _____
Check #/Cash: _____
Date App Received: _____
Review Date: _____
Date Approved: _____
Date Denied: _____
Reason for Denial: _____

Application for In House Variance Request

Date: _____

Property Address: _____

Map: _____ Parcel: _____

Book: _____ Page: _____ Land Court No: _____

Name of Applicant: _____

Applicant Mailing Address: _____

City

State

Zip Code

Applicant Telephone Number: _____

Applicant E-Mail Address: _____

Owner(s) of Record: _____

Owner(s) Mailing Address: _____

City

State

Zip Code

Design Engineer/Sanitarian: _____

Firm/Company Name: _____

Mailing Address: _____

City

State

Zip Code

Telephone Number: _____

Design Engineer/Sanitarian E-Mail Address: _____

Please Choose Application Type:

Voluntary Upgrade: ____ Failed System: ____

Conservation Commission Approval Required: No: ____ Yes: ____ Date of CC Hearing: _____

Please Choose Application Type:

Voluntary Upgrade: ____ Failed System: ____

Conservation Commission Approval Required: No: ____ Yes: ____ Date of CC Hearing: _____

Please Choose Application Type:

Voluntary Upgrade: ____ Failed System: ____

Conservation Commission Approval Required: No: ____ Yes: ____ Date of CC Hearing: _____

[illegible]

Title 5, Section #

Description of Variance(s):	

Harwich Reg. #

Description of Variance(s):	

In addition to this form, 2 packets of the following must be submitted in order for the filing to be considered complete:

- ☐ Letter to Health Director
- ☐ Letter to abutters (bring certified mail receipts to the meeting)
- ☐ Copy of certified abutter list
- ☐ Existing variance letter (if applicable)
- ☐ Floor plans (all floors/existing & proposed)
- ☐ Site plan
- ☐ Filing Fee \$125.00

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