

Barry-Eaton District Health Department
Environmental Health Division

330 W. Woodlawn Ave.
Hastings, Mi. 49058
Phone 269-945-9516
Fax 269-818-0237



Caring for the Community
Since the 1930s

1033 Health Care Dr.
Charlotte, Mi. 48813
Phone: 517-541-2615
517-485-7110
Fax: 517-541-2686

**PROCEDURE FOR REQUESTING A VARIANCE
SANITARY CODE APPEALS BOARD**

The Barry-Eaton District Health Department Sanitary Code provides an opportunity for an appeal of the rulings or decisions of the health officer charged with the enforcement of the Sanitary Code. The procedure to be utilized when requesting an appeal is as follows:

- 1. The request for any appeal shall be made in writing to the Sanitary Code Appeals Board. The written request shall state the variance, which is being requested and a comprehensive explanation of why such a variance should be granted. Include any additional information, which is relevant such as permit numbers, addresses, date of the initial decision, etc.**
- 2. It is required that a fee of \$342.00 be deposited upon filing a request for a hearing. A check or money order, made payable to the Barry-Eaton District Health Department shall be included with the request.**
- 3. An opportunity for a hearing shall be granted no less than ten (10) days nor more than forty-five (45) days after the receipt of the request.**
- 4. The Sanitary Code Appeals Board shall notify the appellant in writing of the location, time, and date of the hearing. Said notice shall be sent at least seven (7) days prior to that time designated for the hearing.**
- 5. The appeal request shall be sent to:
Barry-Eaton District Health Department
Director of Environmental Health
1033 Health Care Dr.
Charlotte, Michigan 48813**

The final decision of the Sanitary Appeals Board shall be by majority vote and that decision shall be final. The Appeals Board shall furnish the appellant with a written report of its findings and decision within ten (10) days after the date of the final hearing.

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APPLICATION FOR HEARING

RE: On-Site Water or Wastewater Disposal Findings

Pursuant to the Barry-Eaton District Health Department Sanitary Code, Article VIII, I hereby seek an administrative review of the Barry-Eaton District Health Department action as explained below.

Facility/Property Address: _____

Township: _____ Section No. _____

Appellant Name: _____ Address: _____

City _____ State _____ Zip _____ Phone: _____

Property Owner (if different from appellant): _____

Address: _____

Property Size _____ Current Zoning Classification: _____

Adjacent Property Classification: N _____

S _____

E _____

W _____

Description of Proposal:

If appeal is seeking relief from denial of approval to construct an on-site wastewater system, it is necessary to submit the following with this application:

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- a) Legal description of the parcel or survey of parcel.
- b) Site plan (drawn to scale) to include the following:
 - 1. Dimensions of Property
 - 2. Location of Proposed House
 - 3. Location of Proposed System
 - 4. Roads – i.e. Names
 - 5. Property Lines
 - 6. Direction Arrow – North
 - 7. Location of Well (Proposed)
 - 8. Location of Drains on Property and Name of Same
 - 9. Is site in the floodplain? If yes, map required
 - 10. Relationship of proposed septic to neighbor’s well and septic system.

c) Other Pertinent Information: _____

Variations may be granted only when all of the following conditions have been determined to exist:

- a) No substantial health hazard or nuisance is likely to occur therefrom;
- b) Strict compliance with regulations or requirements would result in unnecessary or unreasonable hardship;
- c) No state statute or other applicable laws would be violated by such variance;
- d) The proposed variance would provide essential equivalent protection for the public health and would be in the public interest

NOTE: Complete applications for an appeal must be filed with the Barry-Eaton District Health Department no less than ten (10) days prior to the second Thursday of each month.

Signature _____ Date: _____

*****FOR DEPARTMENT USE ONLY*****

Hearing Date _____ Receipt Number _____

Result of Hearing: _____

