



SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES
BOARD OF REVIEW
360 YAPHANK AVENUE, SUITE 2C, YAPHANK, NY 11980
(631) 852-5700 OR HealthWWM@suffolkcountyny.gov

APPLICATION FOR VARIANCE OR WAIVER FROM REGULATIONS OR SPECIFICATIONS

TO: Review Board Chair

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 \$990 FEE** by check or money order, payable to 'Suffolk County Environmental Health'. VISA & MasterCard are also accepted online. A non-refundable convenience fee is applied to all credit card transactions. Fee subject to change. **RETURNED CHECKS AND CREDIT CARD PAYMENTS ARE SUBJECT TO A PROCESSING FEE.**
 4. **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.