



**WLS-026**

**REQUEST FOR ADMINISTRATIVE VARIANCE OF COUNTY SEPTIC REGULATIONS**

**PURPOSE**

This form is to be used by a septic consultant to request a variance of specific County septic regulations. An administrative variance may be approved by Permit Sonoma’s Well and Septic Division staff when the consultant’s supporting data demonstrates that water quality and public health will not be threatened as a result of such variances.

Record Number \_\_\_\_\_ Date \_\_\_\_\_

Owner Name \_\_\_\_\_

Site Address \_\_\_\_\_

City \_\_\_\_\_ APN \_\_\_\_\_

Consultant \_\_\_\_\_ Phone \_\_\_\_\_

County septic regulation requesting be waived: \_\_\_\_\_  
\_\_\_\_\_

Supporting data (attach additional sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Consultant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY PERMIT SONOMA STAFF**

REHS \_\_\_\_\_ Recommendation: Approve  Deny  Date \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor \_\_\_\_\_ Action: Approved  Denied  Date \_\_\_\_\_  
\_\_\_\_\_