



Application For Waiver From WAC 246-272A

PROPERTY TAX ACCOUNT NUMBER: _____ **LOT #:** _____

Applicant Name _____

Applicant Email _____ Phone _____

Mailing Address _____ City _____ State ____ Zip ____

For Installation at _____ City _____

Lot Size (Sq. ft.) _____ Sec _____ Twp _____ Rg _____

PLEASE PROVIDE THE FOLLOWING DETAIL: **Attach 1 copy of the onsite sewage disposal plan**

WAC Number	WAC Requirement	Waiver Sought

TECHNICAL JUSTIFICATION _____

Designer Name (Printed):	Designer Signature:		
Designer License #	Designer Phone:		
Designer Email:			
Designer Address:	City	State	Zip

FOR HEALTH DISTRICT USE ONLY

APPLICATION **APPROVED** By _____ Date _____

Comments/Conditions: _____

APPLICATION **DISAPPROVED** By _____ Date _____

See letter dated _____

Approved waivers expire with the Application For an Onsite Sewage System Permit. Renewal of the permit application may require resubmittal of the waiver with appropriate fee.