

CAYUGA COUNTY HEALTH DEPARTMENT - ENVIRONMENTAL DIVISION

8 Dill Street
Auburn, NY 13021
Phone (315) 253-1405 Fax (315) 253-1478

Septic System Variance Request Form

Date: _____

Cayuga County Tax Map Number: _____ Town: _____

911 Address of Property: _____

Does the property border Owasco Lake or Little Sodus Bay? _____ Yes _____ No

I request that the Health Department (*Please check all that apply*)

_____ Waive a Property Transfer Inspection _____ Extend a Property Transfer Inspection until _____

_____ Waive a Routine Inspection _____ Extend a Routine Inspection until _____

_____ Waive a Septic Tank Pump Out _____ Extend a Septic Tank Pump Out until _____

As required under the Cayuga County Sanitary Code for the following reasons:

This variance request will be addressed by the Variance Committee for the Cayuga County Board of Health.

For Property Transfer Inspection:

Buyer Name and Address

Phone # (____) _____

Signature _____

For Routine Inspection:

Owner Name and Address

Phone # (____) _____

Signature _____

Seller Name and Address

Phone # (____) _____

Signature _____

Please Note:

All requests must be filled out completely and signed in order to be processed. All incomplete requests will be returned.