



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 DEPARTMENT 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.

Environmental Health Division

3020 Rucker Avenue, Suite 104 ■ Everett, WA 98201-3900 ■ fax: 425.339.5254 ■ tel: 425.339.5250