

Phone: (806) 378-9472  
Fax: (806) 378-3585  
[ehhealthOSSF@amarillo.gov](mailto:ehhealthOSSF@amarillo.gov)



OSSF Permit #: \_\_\_\_\_

Date Paid: \_\_\_\_\_

## Amarillo Area Public Health District OSSF Variance Application

Fee: See current FY fee schedule

911 Address for Variance Request: _____	City: _____
Person Requesting Variance: _____	
Relationship to the property: <input type="checkbox"/> Property Owner <input type="checkbox"/> OSSF Installer <input type="checkbox"/> Professional Engineer/Registered Sanitarian	
Contact Information: Phone: _____	Email: _____

**Planning materials prepared by a professional engineer or professional sanitarian with appropriate seal, date, and signature shall be submitted with the variance application unless otherwise specified.**

**Variance Request Type/Section number(s) of the Texas Administrative Code Chapter 285 that will be affected:**

- §285.91(10): Table X: Setback Requirements: \_\_\_\_\_
- §285.33(b)(1)(A)(i): Drainfield trench length or depth: \_\_\_\_\_
- §285.32(a), §285.33(a)(3), §285.91(10): Sewer pipe material type or diameter requirement: \_\_\_\_\_
- §285.4(a)(1): Lot size less than the required acreage: \_\_\_\_\_
- Other: \_\_\_\_\_

**Define that the variance request(s) demonstrates conditions are equivalent to or provide greater protection of the public health and the environment standards as mentioned in TAC Chapter §285.3 (h):**

\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Variance Approved  
Additional Requirements: \_\_\_\_\_

Variance Not Approved (justification will be provided to the applicant in a separate letter)  
Review completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Type:**  Cash  Credit Card Type: \_\_\_\_\_ Authorization No.: \_\_\_\_\_  Check No.: \_\_\_\_\_

**Payment Information:** Amt Paid: \_\_\_\_\_ Receipt No.: 008-\_\_\_\_\_

**Mail Application and Fee To:**  
Environmental Health Department  
PO Box 1971  
Amarillo, TX 79105-1971

**Physical Address:**  
Environmental Health Department  
808 S. Buchanan  
Amarillo, TX 79101