

**Cayuga County Health & Human Services: Environmental Division**  
**160 Genesee Street**  
**Auburn, New York 13021**  
**(315) 253-1405**

**Septic System Variance Request Form**

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

Cayuga County Tax Map Number: \_\_\_\_\_

Town: \_\_\_\_\_

Exact Property Location: \_\_\_\_\_

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 at the next regularly scheduled meeting of the Variance Committee for the Cayuga County Board of Health. The Variance Committee is normally scheduled for the last Tuesday of the month.

**If Property Transfer Inspection:**

Buyer Name/Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_

**If Routine Inspection:**

Owner Name/Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_

Seller Name/Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_