



**TOWNSHIP OF HARDING
BOARD OF HEALTH
REQUEST TO APPEAL HEALTH DEPARTMENT
RULING
FEE: \$500.00**

21 Blue Mill Road, P.O. Box 666
New Vernon, New Jersey 07976
(973) 267-8000 Ext. 715

To request a waiver from Harding health standards or to appeal a ruling by the Health Department, the applicant must complete this form and comply with the conditions set herein. The Board of Health cannot waive New Jersey state requirements. The request for waivers and appeals will not be heard by the Board of Health unless a complete application. If the Board needs to consult with the Township Attorney or Township Engineer, an escrow account must be established prior to the meeting.

SITE INFORMATION:

OWNER: _____ BLOCK: _____ LOT: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

PROJECT INFORMATION:

Briefly describe the project and waivers requested or reasons for appeal:

Project Engineer: _____

Address: _____

Phone: _____ Email: _____

APPLICATION CHECKLIST:

<input type="checkbox"/>	Three hard copies of the application and plans plus a pdf file of all materials.
<input type="checkbox"/>	Fee of \$175.00
<input type="checkbox"/>	Applicant ownership -If the applicant is a corporation or partnership, a list of names and addresses of all stock holders owning at least 10% of any class of its stock or at least 10% of the partnership interest.
<input type="checkbox"/>	Ownership certification -The site owner must sign the application or provide a statement of permission allowing an agent to sign the application.
<input type="checkbox"/>	Notification of Affected parties -The applicant shall provide the names and address of property owners within 200 feet of the subject site. The applicant shall also provide proof that these property owners have been notified of the waiver application, the time and date of the scheduled hearing and the nature of the waivers requested.
<input type="checkbox"/>	A plan view of the system(s) affected and the entire site at a minimum scale of one inch equals thirty feet (1"=30')
<input type="checkbox"/>	Plan view shall show the locations of all permanent structures including, but not limited to: driveways, house foundations, pools, outbuildings, decks, underground storage tanks, underground drainage systems, underground utilities, wetland boundaries and wetland transition areas.
<input type="checkbox"/>	Plan view shall show the location of all of the septic system components and wells on the subject site within 150 feet of the subject lot.
<input type="checkbox"/>	Plan view shall show the complete extent, including all structures, septic system components and water supplies of all adjacent parcel affected by the waiver request.
<input type="checkbox"/>	Plan view shall highlight or otherwise draw attention to the area or areas requiring waivers from Board of Health regulations.
<input type="checkbox"/>	The plan or application support documents shall show a table that includes: a. the Board of Health requirement or limitation b. existing condition(s) if applicable c. proposed condition(s)

OWNER CERTIFICATION:

I am the owner of the subject property and I certify the submitted information is correct and understand my responsibilities to comply with applicable state and local regulations.

Owners Signature: _____ Date: _____

AGENT CERTIFICATION:

I am the agent for the subject property and I certify that I have permission and authorization to sign for the owner and that the submitted information is correct. I have informed the owner of his/her responsibilities to comply with applicable and local regulations.

Agent Signature: _____ Date: _____