

**Township of Holland**

**Board of Health**

**Request to be placed on monthly agenda**

**Septic Waiver Checklist**

*Instructions:*

1. You **MUST** be able to check-off all items below and have supporting documentation **BEFORE** contacting board secretary to request being added to an upcoming meeting agenda.
2. Contact board of health secretary, Pearl Hammerstone, at 908-995-7145 to request to be added to meeting agenda.

€ Five (5) copies of sealed engineer plans are available to the board for review at the time of the meeting.

€ Does this waiver request list any neighboring properties being affected by this septic design?

YES

1. If 'yes', you shall provide proof of certified mail to this board from any and all neighboring property owners that are named AND affected in the waiver request.
2. Your letter shall clearly state to the neighboring property owner(s) that a proposed septic plan with waivers affecting their property will be reviewed by the Holland Township board of health. A request will be made to be added to the next scheduled board of health meeting agenda and the affected property owner(s) is/are hereby given adequate notice of this meeting so they have an opportunity to view the presentation from the engineer and have any questions/concerns answered.
3. Certified mail shall be sent no less than 10 days prior to any scheduled meeting date.
4. If you are unable to complete the above 3 steps, your waiver request will not be heard and will be rescheduled to a later date.

NO (no certified mailings are required)

€ Engineer contact information:

- Name: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Email: \_\_\_\_\_

€ Property owner requesting waiver contact information:

- Name: \_\_\_\_\_
- Block/Lot: \_\_\_\_\_
- Physical Address: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Email: \_\_\_\_\_
- Primary owner address (if not the same as above):  
\_\_\_\_\_