



**TOWNSHIP OF HARDING  
HEALTH DEPARTMENT  
VARIANCE REVIEW  
\$100.00 Fee**

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

A copy of a written approval from the Harding Township Department of Health is required with all applications to the Board of Adjustment. This review is separate and distinct from any reviews and permits required by the Building Department, the Township Engineer, the Zoning Board or others. To facilitate the review process, please answer the following questions and provide a project plan as described below.

**COMPLETE BOTH SIDES OF THIS FORM**

**Date Submitted:** \_\_\_\_\_

**SITE INFORMATION:**

**Block:** \_\_\_\_\_ **Lot:** \_\_\_\_\_ **Property Location:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Owner:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Current Occupant (if other than owner):** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Number of Existing Bedrooms:** \_\_\_\_\_

**PROJECT INFORMATION:**

Briefly describe the project:          
---

**Project Engineer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Project Architect:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Project Contractor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**PROJECT INFORMATION**-continued:

Will there be any changes, additions or deletions to the plumbing system? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:
Will there be any removal or demolition of existing buildings or structures? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, the following information may be required, as applicable: <u><b>Extermination:</b></u> A letter from a licensed exterminator indicating the type of infestation (none detected, wood destroying insect, rodent or other), the type and date of treatment: certification of completion. <u><b>Public Water Disconnect:</b></u> A letter from the public water supply indicating the disconnection of the water has been completed.

**REQUIREMENT CHECK LIST:**

Scaled plot plans, surveys, drawings and designs are required that show the following information:

**Plot plan must show:** (NOTE: the Health Department may have some of this information, check the files)

<input type="checkbox"/>	The locations of all permanent improvements including, but not limited to: driveways, house foundations, pools, out buildings, decks, underground storage tanks; underground drainage lines and underground utilities
<input type="checkbox"/>	Lot boundaries and location of neighboring or adjacent septic systems and wells.
<input type="checkbox"/>	The specific location (as-built, not as-planned) of the site's septic system components including the septic tanks, lines, D-box, laterals, curtain drains, etc. Indicate on plan, the method of determining the location.
<input type="checkbox"/>	The specific location of the site's well.
<input type="checkbox"/>	The specific location(s) of roof drainage seepage pits.
<input type="checkbox"/>	Proposed construction access route.
<input type="checkbox"/>	Streams, ponds, or other surface waters.

**Architectural plan must show:**

<input type="checkbox"/>	Architectural or design plan for entire structure, including all floors and rooms.
<input type="checkbox"/>	Plans must include current conditions on all floors and for all rooms as well as proposed work.
<input type="checkbox"/>	Proposed work, demolition and changes must be highlighted or otherwise called out.

**Applicant Name:** \_\_\_\_\_ **Applicant Signature:** \_\_\_\_\_

.....  
**FOR DEPARTMENT USE ONLY**

**Date Received:** \_\_\_\_\_ **Time Received:** \_\_\_\_\_ **Receipt Number:** \_\_\_\_\_