



Town of Orleans

Board of Health Application Form

19 School Road, Orleans, MA 02653

health@town.orleans.ma.us ~ Phone: (508) 240-3700 Ext. 2450 ~ Fax: (508) 240-3746

Pool Fence Variance Request Form

Property Information

Street Address

Assessors Map #

Assessors Parcel #

Lot Size (sq. feet)

Property Owner Information

Owner Name

Telephone Number

Mailing Address

Variance Request

A variance is requested from the Orleans Town Code Chapter 147 Swimming Pool Fencing to allow the swimming pool fence, at the above referenced property, to exceed the maximum allowance of 20 feet from the edge of the swimming pool apron. The proposed pool fencing will be located a maximum of _____ feet from the apron of the pool, a variance of _____ is requested

Public Hearing Checklist

- Property owner must notify all abutters by certified mail. The notification shall reference the specific provisions from which the variance is being sought and the date, time, and place of the Board meeting where the request will be discussed. It must also include the specific provisions of Title 5 and/or The Orleans Board of Health Regulations from which the variance or upgrade is being sought and a statement of the standards set forth in 310 CMR 15.410. Please note, certified mail will be sent at the owners expense and at least ten days prior to the meeting date.
- Eight (8) copies of the Site & Sewage Plan that shows the variance(s) being requested
- On a separate piece of paper, please write a statement that establishes the following:
 - The specifics of your variance request

- The section of Title 5 and/or the Orleans Subsurface Sewage Disposal Regulations that you are seeking a variance from
- Why full compliance with the regulation is not feasible.
- Why enforcement of the provision would be manifestly unjust
- A level of environmental protection which is at least equivalent to that provided under Title 5 and the Orleans Board of Health Regulations can be achieved without strict application of the provisions of the regulation from which the variance is being sought.
- In the case of new construction, you must also establish that enforcement of the provision from which a variance is being sought will deprive the applicant of all beneficial use of the subject property
- You may also submit any supporting documents you would like the Board of Health to receive with your application

I hereby certify that notice of this variance request was mailed to direct abutters and abutters across the street by certified mail - return receipt (a minimum of ten days prior to the date of the hearing). I also acknowledge that I am responsible for maintenance of the records of notification.

Name of Applicant

Date

Signature of Applicant

***Property owner must complete and sign this section if they are not the applicant**

I, _____, as owner of the subject property, hereby
authorize _____ to act on my behalf in all
matters relative to the variance requested in this application form.

Signature of Owner

Date