

Erie County Department of Health

Division of Environmental Health Services

503 Kensington Ave

Buffalo, New York 14214

phone: (716) 961-6800; fax: (716) 961-6880



Erie County
Department of
Health



Public Health
Prevent. Promote. Protect.

APPLICATION FOR A VARIANCE FOR PROPERTY TRANSFER CERTIFICATION (to be completed by the Purchaser)

Property Transfer Address: _____

City/Town/Village: _____ Zip Code: _____

Name(s) Of Purchaser: _____

Phone # _____ Email: _____

Mailing Address: _____

(This address should be the intended mailing address once the property transfer transaction has closed.)

City: _____ State: _____ Zip Code: _____

Purchaser Attorney: _____

Attorney E-mail: _____ Attorney Phone #: _____

Closing Date: _____

I/We acknowledge that an Erie County Department of Health inspection of the sewage disposal system and water supply of this property is required prior to the expiration of the variance. I/We acknowledge it is my/our responsibility to schedule the inspection prior to the expiration of the variance as issued.

I/We acknowledge that failure to have the required inspection completed prior to the expiration date of this variance will result in a Commissioner's Hearing and possible penalties of \$500/day up to a maximum of \$1000.

I/We agree to correct any deficiencies of the water supply and/or onsite wastewater treatment system as required by the Erie County Department of Health.

I/We acknowledge that by signing this application we are granting the Erie County Department of Health access to the property for the purposes of conducting the required inspection.

Purchaser Signature Date

Purchaser Signature Date

Purchaser Name (please print)

Purchaser Name (please print)