

In House Variance Abutter Notification

Date: _____

CERTIFIED MAIL

Abutter's Name: _____

RETURN RECEIPT REQUESTED

Abutter's Mailing Address: _____

Re: _____

No. Street

Property Owner: _____

Dear Abutter:

An In House Variance application has been submitted to the Harwich Health Department to take action on an application for variances from the regulations of the Harwich Board of Health and/or Title 5 for Subsurface Disposal of Sewage. The following variances are requested:

List All Variances from State & Local Codes

Title 5, Section #	Description of Variance(s):

Harwich Reg. #	Description of Variance(s):

The application and plans are available for review at the Harwich Health Department, Harwich Town Hall, 732 Main Street, Harwich, MA; Monday through Friday (excluding holidays) from 8:30 a.m. to 4:00 p.m.

Sincerely,