RECOMMENDED ACTION AND JUSTIFICATION:
Adopt a resolution denying the appeal and upholding the Planning Commission's approval of Variance Application No. 90-8. The variance was submitted to allow the installation of a leachfield within the rear yard setback area established by the Zoning Code. The area proposed for the septic system is the only area on this Ponderosa Basin lot which meets the Health Department requirements for setbacks to drainage ways. Planning Commission Resolution No. 90-18 contains the findings required for the variance.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
The Board has not previously reviewed this matter. The Variance application was submitted on 8-23-90 to allow for the installation of a leachfield in the zoning setback area. The location was based upon an engineered design developed based upon communication with Health Dept. staff. The appeal has been filed by the adjacent property owner based upon a concern that his ability to install a septic system will be affected by the variance.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
1. Deny appeal which would allow for the leachfield in the location approved by the variance and would allow the applicant to proceed with home construction.
2. Uphold appeal which would require installation of the leachfield within the Health Department setbacks or render the lot unbuildable.

COSTS: ( ) Not Applicable
A. Budgeted current FY $_______
B. Total anticipated costs $_______
C. Required add'l funding $_______
D. Source:__________________________

SOURCE: ( ) 4/5ths Vote Required
A. Internal transfers $_______
B. Unanticipated revenues $_______
C. Reserve for Contingency $_______
D. Description:_______________________

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:
1. Letter of appeal
2. Planning Commission Res. No. 90-18
3. P. C. Minutes from hearing
4. Staff Report and appurtenant material.

Balance in Reserve for Contingency if approved: $_______

CLERK'S USE ONLY:  
No.: 90-553  
No.: ____________________________  
Ayes: 5  
Noes: ____________________________  
Absent: 2  
Abstained: ________________________  
Approved ( ) Denied ( )  
Minutes Order Attached

The foregoing instrument is a correct copy of the original on file in this office.

Date: ____________________________

ADMINISTRATIVE OFFICER'S Res.  
RECOMMENDATION: Ord.
This item on agenda as: Vote -
 Recommended
 Not Recommended
 For Policy Determination
 Submitted With Comment
 Returned for Further Action

Comment: __________________________
ATTEST: MARGIE WILLIAMS
County of Mariposa, State of CA
By: ____________________________  A.O. Initials: ____________________________
     Deputy

Action Form Revised 12/89