

## **Aquatic Facility Variance Request Form**

Business Information									
Aquatic Facility Name		Owner Name							
Physical address of business City, State, Zip Code									
Phone number		Email							
Current Certificate of Opera	ation?	If yes, expiration date							
		age for which you are requesting							
		<u> </u>	Is with main drains, the required recirculation flow shall be						
	ons. Evidence of undue	e economic hardship which ind	the variance is requested. Include one or cludes estimates and costs for compliance						
What is the duration of the									
	vanance requesteu?								

Describe how the intent of the code will be met and the reasons why the public health or safety would not be jeopardized if the variance was granted.							
Describe how the intent of	the code will be m	et and the reasons w	hy the public l	health or sa	afety would n	ot be jeopardized	
if the variance was granted.							
Provide a full description of							
potential increase in health		ated by granting the v	variance. This	may includ	le additional r	equirements	
deemed appropriate by PDI	PHE.						
						1	
Are pictures, drawings, quo	tes, or equipment	specification sheets a	ittached to th	is request?		□ No	
Owner Signature Date							
Date							
Health Department Use On	lv.						
Environmental Health							
Specialist Review				Date			
Recommendation	□ Approved	Denied					
Comments							
Program Manager Review				Date			
Recommendation	Approved	Denied		1	1		
Comments							