

# VARIANCE REQUEST FORM

1. Property Name: \_\_\_\_\_

2. Property Address: \_\_\_\_\_

3: Requested By: Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

4. Cite and describe the Law/Code/Regulation in question. A separate form shall be used for each separate variance sought.

Code Section: \_\_\_\_\_ Pool Name/Identifier: \_\_\_\_\_

Code Description: \_\_\_\_\_

5. Describe the reason(s) for the request. Include in your description why compliance is impossible or overly burdensome.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. List and describe any design enhancements that will be added to the project to counteract any health or safety threats caused by this request.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. List and describe any operational standards that will be modified, enhanced, or added to counteract any health or safety threats caused by this request.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. By applying my signature below, I hereby certify that I am the owner - or designated representative - responsible for the ongoing operation and maintenance of the property in question. I also promise to wholly comply with each mitigation or enhancement described in this request.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

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**For Departmental use only:**

Variance Denied

Variance Approved

Variance Approved with conditions.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Sanmi Areola, Ph.D. – Director, Office of Environmental Public Health