

Variance Log-in Number (Office Use Only)

V _____ - _____ (_____ - _____)

State of Oregon
Oregon Public Health Division

Public Swimming Pool Program
800 NE Oregon Street, Suite 608
Portland OR 97232-2162
(971) 673-0448 Fax (971) 673-0457

Variance Application

Public Swimming / Spa / Wading Pools

Please complete this application form and submit it with supporting materials and fee. Submit multiple applications if you are requesting variances for more than one item.

Each variance request is accepted or denied individually.



Fee Attached <input type="checkbox"/> \$150 # _____	51400-51412 2165	Date Received: mm/dd/yyyy / /
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Name of Pool Owner:
Owner Mailing Address:
City, State, & Zip Code:
Facility Name:
Facility Address:
City, State, & Zip Code
Contact Name and Phone Number
Applicant Name and Address (if different than owner)

Please attach documentation and all materials needed to address each of the following items.

- 1) A statement of the cost of compliance and why it may be burdensome or impractical due to special conditions at the applicant's facility.
- 2) An explanation of any special conditions or unique characteristics of the facility that would make the rule unnecessary or inapplicable.
- 3) A listing of any special precautions or methods to be carried out by the applicant to provide health and safety protection equal to that specified by the rule.
- 4) A description of any other relevant matters, drawings, or photos.

Variance Requested for: OAR 333-060- _____
Variance Requested for: OAR 333-062- _____
Enclose with Application:
<input type="checkbox"/> Testimony / Supporting Materials Attached <input type="checkbox"/> \$150.00 for each variance included
Signature of Applicant: _____ Date: _____

Make check payable to, "Oregon Health Authority" and mail to the address above. This information is available in alternate formats.