



# Aquatic Facility Variance Request Form

One request form is required for each proposed variance.

Business Information			
Aquatic Facility Name		Owner Name	
Physical address of business City, State, Zip Code			
Phone number		Email	

Certified Pool Operator's Contact Information			
Full Name			
Phone number		Email	

List the Code Citation number and code language for which the applicant is requesting a variance.

Describe why applicant is unable to comply with the code section to which the variance is requested. Include evidence of undue economic hardship which includes estimates and costs for compliance or evidence that a regulation may not apply to a specific aquatic facility.

What is the duration of the variance requested?

**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.**

**Provide a full description of any policies, procedures, or equipment that the applicant proposes to use to rectify any potential increase in health or safety risks created by granting the variance. This may include additional requirements deemed appropriate by PDPHE.**

**Are pictures, drawings, quotes, or equipment specification sheets attached to this request?**  Yes  No

<b>Owner Signature</b>		<b>Date</b>	
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**Health Department Use Only**

<b>Environmental Health Specialist Review</b>		<b>Date</b>	
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<b>Recommendation</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
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**Comments**

<b>Program Manager Review</b>		<b>Date</b>	
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<b>Recommendation</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
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**Comments**