



APPLICATION FOR VARIANCE PUBLIC SWIMMING / SPA / WADING POOL

Variance Login #: V	Fee Attached: <input type="checkbox"/> \$150.00 # _____	71400-70531 2165	Date Received: (mm / dd / yyyy) / /
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Please complete this application form and submit with supporting material and fee. Submit multiple applications if you are requesting variances on more than one item. *Each variance request is accepted or denied individually.*

Name of Applicant:	
Contact Name	Telephone Number: ()
Facility Name:	
Facility Address:	
Mailing Address:	
City, State, & Zip Code:	

Each of the following items must be addressed in your variance request. Please attach all material that justifies your request.

- (1) A statement of the cost of compliance and why it may be highly 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 request for: (Check Rule # - State Requirement)	
<input type="checkbox"/> OAR 333-060- <input type="checkbox"/> OAR 333-062- <input type="checkbox"/>	
<input type="checkbox"/> Testimony /Supporting Materials Attached	<input type="checkbox"/> \$150.00 for each variance request
Signature of Applicant _____ Date _____	

Mail to: Oregon Health Services, Public Pool Program, 800 NE Oregon St, Suite 608, Portland, OR 97232 - 2162. Questions: Contact the Public Pool Program at (503) 731-4012. This information is available in alternate format. 34-721(9/03)