

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  \$150 # \_\_\_\_\_

71400-70512 2165

Date Received: mm/dd/yyyy

/ /

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:

Testimony / Supporting Materials Attached

\$150.00 for each variance included

Signature of Applicant:

Date:

**Make Check Payable to, "Oregon Department of Human Services" and mail to the address above.** This information is available in alternate formats.