

Variance Log-in Number (Office Use Only)

V \_\_\_\_\_ - \_\_\_\_\_ ( \_\_\_\_\_ - \_\_\_\_\_ )

State of Oregon  
Oregon Public Health Division

Public Swimming Pool Program  
800 NE Oregon Street, Suite 640  
Portland OR 97232-2162  
(971) 673-0440 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 rule.

*Each variance request is accepted or denied individually.*



Fee Attached <input type="checkbox"/> \$480 # _____	50207-51157 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 that addresses each of the following criteria specified in OAR 333-060-0220. You must demonstrate to the satisfaction of OHA that:**

- 1) Strict compliance with the rule would be highly burdensome or impractical due to special conditions or cause;
- 2) The public or private interest in the granting of the variance is found to clearly outweigh the interest of the application of uniform rules; **and**
- 3) The alternative measures put in place will provide adequate public health and safety protections.

Feel free to enclose additional material such as photos and drawings to support your request.

Variance Requested for: OAR 333-060- _____
Variance Requested for: OAR 333-062- _____
Enclose with Application: <input type="checkbox"/> \$480.00 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.**