



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ENVIRONMENTAL ENGINEERING  
APPLICATION FOR VARIANCE FROM CHAPTER 64E-9,  
FLORIDA ADMINISTRATIVE CODE  
SWIMMING POOLS AND BATHING PLACES**

<b>Official Use Only:</b>	
Application No. _____	_____
Fee Paid \$ _____	Date _____
Check # _____	_____

In order to solicit a variance recommendation from the Advisory Review Board, it is necessary to have a letter or inspection report from environmental engineering or the local county health department indicating that your proposed project, plan, or product does not meet one or more of the rule requirements set forth in Chapter 64E-9, Florida Administrative Code. A copy of the letter or report must accompany this application. Additionally, a processing fee of \$300 must be provided.

**PART I (To be completed by the applicant):**

1. Name of Agent or Applicant: \_\_\_\_\_

2. Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State : \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

3. Name of Plan, Project, or Product : \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State : \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

4. Name of Contractor: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State : \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ License Number: \_\_\_\_\_

5. Engineer's Name and License #: \_\_\_\_\_

6. State reason(s) for variance request. Attach eight copies of applications, drawings, specifications, photos, etc., that clearly illustrate this variance request. (Attach separate sheet if necessary.)  
\_\_\_\_\_  
\_\_\_\_\_

7. State hardship and justification as to why the variance would relieve the hardship. (Attach separate sheet if necessary.)  
\_\_\_\_\_  
\_\_\_\_\_

8. State any additional reason or provide any technical documentation to support your supposition that a variance would not likely result in an impairment to public health. (Attach a separate sheet if necessary.)  
\_\_\_\_\_  
\_\_\_\_\_

9. Forward to environmental engineering or local county health department having authority for review and completion of Part II.

\_\_\_\_\_  
Signature of Owner or \*Owner's Agent

\_\_\_\_\_  
Date of Application

