

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

Official Use Only:					
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.

\$500 must be pre	videa.				
PART I (To be comp					
1. Name of Agent or A					
2. Street Address:			City:		
State :	Zip:	Telephone: () -		
3. Name of Plan, Proj	ect, or Product :_				
Street Address:			City:		
State :	Zip:	Telephone: () -	County:	
4. Name of Contracto	r:				
Street Address:			City:		
State :	Zip:	Telephone: () -	License Numb	oer:
5. Engineer's Name a	nd License #:				<u></u>
7. State hardship and	justification as to	why the variance woul	d relieve the ł	nardship. (Attach separate sh	neet if necessary.)
8. State any additionaresult in an impairme	al reason or provi nt to public health	de any technical docur n. (Attach a separate sl	mentation to s heet if necessa	support your supposition tha	t a variance would not likely
9. Forward to environ Signature of Owne			th department	having authority for review	and completion of Part II.
Signature of Owne.			owner granting p	permission to act on their behalf.	
DH 4080, 7/	08, 64E-9.003, 1	F.A.C.			

PART II (To be completed by Environmental Engineering/County Health Department prior to submittal.):						
1. Specific Section(s) of Chapter 514, F.S. and/or 64E-9, F.A.C. involved in this variance:						
2. State facts regarding this matter that would help make informed decisions.:						
3. The department is aware of this request and has collected the appropriate fee.						
DOH Engineer/Environmental Health Director Date						

Instructions for CHD and/or Environmental Engineering:

- County Health Department shall forward <u>completed</u> application and fee to The Bureau of Water Programs in Tallahassee.
- 2. In the spaces above list any additional details of your evaluation telling why the standards cannot be met and/or why they should be met.
- 3. This completed form must be received in the above office at least 30 days in advance to any scheduled Advisory Review Board meeting date.
- 4. Attach any supporting documentation you deem necessary to clearly explain the code violation and the variance request.