Department of Health Public Swimming Pool Variance Application Submission Checklist

To be placed on the next variance board meeting and to avoid any delay in processing your variance application(s) please use this checklist to ensure your application is complete.

The Variance Application DH 4080 is available for download by clicking this link: [DH Form 4080](#).

If you have any questions, send an email to DOHPoolVariances@flhealth.gov.

Send one (1) original paper application with 7 additional copies of the application (for a total of 8 sets) for <u>each separately permitted facility on the same property</u>, even for identical request(s).

APPLICATION FORM DH 4080:

☐ DH 4080 form – Page One: Fields 1 through 8 are to be completed by the applicant. (N/A if blank.)

☐ Signed by the Owner

    -OR-

☐ Signed by Agent for the Owner ("Agent" is anyone who is not the Owner)

If signed by Agent for the Owner:

☐ Include a letter from owner granting permission to act on their behalf.

SUPPLEMENTAL MATERIALS

The applicant has discretion to provide additional/supplemental materials. Additional materials must be collated & attached to each set of the DH 4080 application when submitting.

☐ Photographs or graphic images in color – if the originals are in color.

☐ Plans are no larger than 11" x 17" and not smaller than 11" x 8".

APPLICATION FEE (applicable for each separately permitted facility for which a Variance is applied)

☐ Check or money order in the amount of $300, made payable to Florida Department of Health, enclosed

    -OR-

☐ Proof of payment (receipt) from the local County Health Department Engineering Office

SUBMITTING THE COMPLETED APPLICATION(S)

☐ The application(s) are complete and collated. <u>Do not staple the application sets.</u> Secure each of the 8 copies of the application separately with clips or rubber bands.

☐ DH 4080 – Page Two is completed & signed by Regional or CHD Engineering contact

CONTACT INFORMATION

Final Pool Owner Name *(Corporate or Individual)*: _____

Company Name: _____

Mailing Address: _____ Email Address:_____

City: _____ ST: _____ Zip Code: _____ Phone: _____

Agent Name: *(Provide Owner Agent Letter)*: _____

Role *(Contractor, Engineer, etc.)*: _____ Company Name: _____

Agent Mailing Address: _____ Agent Email Address: _____

City: _____ ST: _____ Zip Code: _____ Phone: _____

List email address(es) for any additional Stakeholder(s) who should be included in the distribution for Emails regarding the Variance.

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