

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

Official Use On		
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 complet			
1. Name of Agent or Ap			
2. Street Address:		City:	
State :	Zip: Telephone: ()	-	
3. Name of Plan, Project	t, or Product :		
Street Address:		City:	
State :	Zip: Telephone: ()	<u>-</u> Cou	nty <u>:</u>
4. Name of Contractor:			
Street Address:		City:	
State :	Zip: Telephone: ()	Lie	cense Number:
5. Engineer's Name and	License #:		
6. State reason(s) for villustrate this variance re	variance request. Attach eight copies equest. (Attach separate sheet if necessa	of applications, drawings, s ry.)	specifications, photos, etc., that clearly
7. State hardship and jus	stification as to why the variance would 1	elieve the hardship. (Attach	separate sheet if necessary.)
8. State any additional result in an impairment	reason or provide any technical docume to public health. (Attach a separate shee	ntation to support your supp t if necessary.)	position that a variance would not likely
9. Forward to environme	ental engineering or local county health o	department having authority	for review and completion of Part II.
Signature of Owner of	or *Owner's Agent *Provide a letter from the legal property own	ner granting permission to act on	Date of Application their behalf.
DH 4080, 7/08,	, 64E-9.003, F.A.C.		

pecific Section(s) of Chapter 514, F.S. and/or 64E-9, F.A.C. involved in this	variance:
ate facts regarding this matter that would help make informed decisions.:	
he department is aware of this request and has collected the appropriate fee.	
OH Engineer/Environmental Health Director	Date
	Duit

- 1. 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.