

## Pool Variance

The variance request must contain the following information.

### Pool Project

Project name \_\_\_\_\_ Project # \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

### Pool owner/company information

Pool owner/company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Contact name \_\_\_\_\_ Phone number \_\_\_\_\_

#### **(Attach additional sheets if necessary)**

Rule(s) from which variance is requested (cite specific language of the rule[s]).

Reason(s) rule cannot be met (include supporting evidence).

Alternative or additional protective measures to be taken to assure a comparable degree of protection to health or the environment.

Length of time variance is requested for.

## POOL VARIANCE

Variance requests are considered according to Minnesota Rules, Parts 4717.7000 to 4717.7050, as applicable.

Incomplete applications cannot be processed and will be returned to the applicant. Please submit a complete application along with the \$500 fee payable to Minnesota Department of Health and any relevant information necessary to properly evaluate this request.

**If this variance is granted, I agree to comply with any conditions required by the Minnesota Department of Health.**

Owner \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Resources

### Variance Requests

<https://www.health.state.mn.us/communities/environment/recreation/pools/variance.html>

### Food, Pools, and Lodging Services Section

<https://www.health.state.mn.us/communities/environment/food/fpls.html>

Minnesota Department of Health  
Food, Pools, and Lodging Services Section  
651-201-4500  
[health.swimmingpools@state.mn.us](mailto:health.swimmingpools@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

August 2017

*To obtain this information in a different format, call: 651-201-4500.*