

**ENVIRONMENTAL SERVICES
DEPARTMENT**

John P. Kolman RS, MBA, Director
1001 N. Central Avenue
Phoenix, AZ 85004 - 1937



**WATER AND WASTE MANAGEMENT
DIVISION**

Kevin S. Chadwick, PE, Division Manager
1001 N. Central Avenue, Suite 200
Phoenix, AZ 85004 – 1937 Fax (602) 372-0788

VARIANCE REQUEST APPLICATION PACKET

- A. All applications **MUST** contain the following information:
1. **POOL NAME:** Name of establishment and street address must read the same as was submitted for construction review or as permit reads.
 2. **APPLICANT NAME:** Print name of owner or ***authorized agent attending the hearing*** (letter of authorization must be submitted if signed by agent).
- B. Additionally, the Variance Request must be specific as to what is being requested. Submit all explanatory paragraphs, pertinent material, exhibits, plans, and any material necessary to inform MCESD of the reason for your request. **(A complete variance submittal consists of twelve (12) variance forms completely filled out AND all supporting material attached to each form and a check for \$200.00. One application and check per variance. All material must be collated.)**
1. The Swimming Pool Variance hearings are scheduled to be heard every second Thursday of the month. All hearings shall be open and public. (See attached scheduled hearing dates).
 2. The Manager of the Water and Waste Management Division shall serve as the Director's representative at all meetings and furnish secretarial services for this Committee.
 3. The Health Officer shall render a final decision within 10 days of receiving the Committee recommendations.
 4. The applicant may waive a hearing by the Committee and appeal directly to the Director. In such cases, the Director will render a decision within ten (10) days of the date that the appeal is filed.
 5. If the applicant/petitioner for the variance request is dissatisfied with the decision of the Director, the applicant/petitioner may appeal to the Board of Health. Such appeals shall be presented to the Secretary of the Board of Health in writing, within thirty (30) days after the filing of the decision of the Director.

NOTICE: A fee of \$200.00 must accompany this request. (per variance request) made payable to M.C.E.S.D.

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SWIMMING POOL ADVISORY HEARINGS

AGENDA SCHEDULING DATES OF VARIANCE REQUEST APPLICATIONS

December 1, 2011 – December 31, 2012

**SUBMITTAL DEADLINE
- REQUIRED -
PRIOR TO HEARING
DUE BY 3:00 PM**

**SWIMMING POOL
ADVISORY COMMITTEE
HEARING DATE**

Dec. 01, 2011	Jan. 12, 2012
Jan. 05, 2012	Feb. 09, 2012
Feb. 02, 2012	Mar. 08, 2012
Mar. 01, 2012	Apr. 12, 2012
Apr. 05, 2012	May 10, 2012
May 03, 2012	June 14, 2012
June 07, 2012	July 12, 2012
July 05, 2012	Aug. 09, 2012
Aug 02, 2012	Sept. 13, 2012
Sept. 06, 2012	Oct. 11, 2012
Oct. 04, 2012	Nov. 08, 2012
Nov. 01, 2012	Dec. 13, 2012
Dec. 06, 2012	Jan. 10, 2013

Application must be complete & include all required copies, plans, specs & fees to be accepted for scheduling the hearing date in the next month following submission. Petitioners will be notified of hearing date & location after application is processed by Maricopa County.

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REQUEST FOR VARIANCE FOR CONSTRUCTION OF A PUBLIC OR SEMI-PUBLIC SWIMMING POOL OR SPA

Has the applicant submitted plans and a request for approval to construct/remodel a swimming pool to the Maricopa County Environmental Services Department for review? Yes No

This Pool/Spa is: New Existing

Is this variance request the result of repeated citations on the Pool/Spa? Yes No

Is this request part of the settlement agreement with the Legal/Enforcement Department? Yes No

The undersigned requests a variance from the requirements of the Maricopa County Environmental Health Code Chapter VI applicable to the design, construction or operation of bathing places – public and semipublic swimming pools. It is understood that a variance can be granted only when Chapter VI of the Maricopa County Environmental Health Code is more restrictive than Administrative Rules and Regulations of the State of Arizona 9-8.

Pool Name: _____

Pool Address: _____

City: _____ State: _____ Zip: _____

Phone #: (____) _____ FAX #: (____) _____

Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (____) _____ FAX #: (____) _____

Email Address: _____

Applicant Name: _____ Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (____) _____ FAX #: (____) _____

Email: Address: _____

Specify the request and justification *in one sentence*. (attach additional sheets if further explanation is necessary)

OWNER'S SIGNATURE: _____ DATE: _____

TYPE OR PRINT NAME: _____ TITLE: _____

- **Submit 12 sets including in each completed copies of the application, plans and any related material.**
- **Attach plan of proposed facility clearly delineating area where variance is requested.**