

**ENVIRONMENTAL SERVICES  
DEPARTMENT**

John Power PE, MPA, Director  
1001 N. Central Avenue, Suite 200  
Phoenix, AZ 85004 - 1937



**WATER AND WASTE MANAGEMENT  
DIVISION**

Kevin S. Chadwick, PE, Division Manager  
1001 N. Central Avenue, Suite 100  
Phoenix, AZ 85004 – 1937 Fax (602) 506-6925

**VARIANCE 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 (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 one as to the reason for your request. **(A complete variance submittal consists of twelve variance forms completely filled out and all supporting material attached to each form and a check for \$200.00. 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 must accompany this request. (per variance request) made payable to M.C.E.S.D.

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**ENVIRONMENTAL SERVICES DEPARTMENT**

**SWIMMING POOL ADVISORY HEARINGS**

**AGENDA SCHEDULING DATES OF VARIANCE REQUEST APPLICATIONS**

**December 7, 2006 – January 10, 2008**

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

**SWIMMING POOL**  
**ADVISORY COMMITTEE**  
**HEARING DATE**

Dec. 07, 2006  
Jan. 04, 2007  
Feb. 01, 2007  
Mar. 01, 2007  
Apr. 05, 2007  
May 03, 2007  
June 07, 2007  
July 05, 2007  
Aug. 02, 2007  
Sept. 06, 2007  
Oct. 04, 2007  
Nov. 01, 2007  
Dec. 06, 2007

Jan. 11, 2007  
Feb. 08, 2007  
Mar. 08, 2007  
Apr. 12, 2007  
May 10, 2007  
June 14, 2007  
July 12, 2007  
Aug 09, 2007  
Sept. 13, 2007  
Oct. 11, 2007  
Nov. 08, 2007  
Dec. 13, 2007  
Jan. 10, 2008

Application must be complete & include all required copies, plans, specs & fees to be accepted for scheduling to hearing date in the next month following submission. Petitioners will be notified of hearing date & location after application is processed for response from 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 a swimming pool to the Maricopa County Water and Waste Management Department for review?     Yes             No

This Pool/Spa is:     New             Existing

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: \_\_\_\_\_

Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (    ) \_\_\_\_\_ FAX #: (    ) \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (    ) \_\_\_\_\_ FAX #: (    ) \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (    ) \_\_\_\_\_ FAX #: (    ) \_\_\_\_\_

Specify request and justification (attached additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TRUE OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TYPE OR PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

- An attached letter of authorization to sign is required for any person signing this instrument other than the legal owner of the property.
- **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.