

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***
- 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.
- C.
1. **Online Submittal:** A complete variance submittal consists of the variance form completely filled out AND all supporting material attached to each corresponding spot on the variance form. One application per variance request. The variance fee must be paid no later than the Monday following the variance deadline or it will be postpone to the following month.
 2. **In Person/Mail in Applications:** A complete variance submittal consists of nine (9) variance forms completely filed out AND all supporting material attached to each form and a check for \$200.00. One application and check per variance. **All materials must be collated.**)
 3. 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).
 4. 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.
 5. The Health Officer shall render a final decision within 10 days of receiving the Committee recommendations.
 6. In some cases, the applicant may waive a hearing by the Committee and appeal directly to the Director.
 7. 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 accompanies each variance. (per variance request)

ENVIRONMENTAL SERVICES DEPARTMENT

SWIMMING POOL ADVISORY HEARINGS

AGENDA SCHEDULING DATES OF VARIANCE REQUEST APPLICATIONS

January 1, 2024 – December 31, 2024

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

SWIMMING POOL
ADVISORY COMMITTEE
HEARING DATE

Dec. 14, 2023	Jan. 11, 2024
Jan. 04, 2024	Feb. 08, 2024
Feb. 01, 2024	Mar. 14, 2024
Mar. 07, 2024	Apr. 11, 2024
Apr. 04, 2024	May 09, 2024
May 02, 2024	June 13, 2024
June 06, 2024	July 11, 2024
July 05, 2024	Aug. 08, 2024
Aug 01, 2024	Sept. 12, 2024
Sept. 05, 2024	Oct. 10, 2024
Oct. 03, 2024	Nov. 14, 2024
Nov. 07, 2024	Dec. 12, 2024
Dec. 05, 2024	Jan. 09, 2025

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

- **Submit 9 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.**



ENVIRONMENTAL SERVICES DEPARTMENT
 Swimming Pool Plan Review and Construction
 301 W Jefferson, Ste 170 Phoenix, AZ 85003
PoolPlanReview@Maricopa.Gov

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

This Pool/Spa is: New Existing Pool/Spa MCESD # SP- _____

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

Is this an Appeal to the Director and does it meet at least one of the stipulations on the following link: <https://www.maricopa.gov/DocumentCenter/View/7538/Reference-Tool-PDF?bidId> 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.

PROPERTY

Property Name: _____ Pool Identifier: _____

Pool Address (as in permit): _____

City: _____ State: _____ Zip: _____

Phone #: () _____ Email: _____

OWNER / MANAGER

Owner/Manager Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: () _____ Email: _____

APPLICANT

Applicant Name: _____ Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: () _____ Email: _____

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



SIGNATURE

I hereby authorize _____, of

_____ firm to represent me at the Variance Hearing and act on my behalf for the project listed above. I understand the decision will have a long term impacts on the property and residents.

By clicking "I agree", you agree and acknowledge that 1) your application will not be "Signed" in the sense of a traditional paper document, and 2) By signing in this alternate manner, you agree that your "electronic signature" is valid and binding upon you to the same effect as a handwritten signature.

I agree: []

42 Pool Manager/Owner's Signature:

Title:

43 Printed Name:

Date:

All Applications MUST contain name of owner / or authorized agent (letter of authorization must be submitted if signed by agent)