



## 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.
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 filled 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. In such cases, the Director will render a decision within ten (10) days of the date that the appeal is filed.
  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, 2021 – December 31, 2021

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

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

Dec. 03, 2020	Jan. 14, 2021
Jan. 07, 2021	Feb. 11, 2021
Feb. 04, 2021	Mar. 11, 2021
Mar. 04, 2021	Apr. 08, 2021
Apr. 01, 2021	May 13, 2021
May 06, 2021	June 10, 2021
June 03, 2021	July 08, 2021
July 01, 2021	Aug. 12, 2021
Aug 05, 2021	Sept. 09, 2021
Sept. 02, 2021	Oct. 14, 2021
Oct. 07, 2021	Nov. 18, 2021
Nov. 04, 2021	Dec. 09, 2021
Dec. 02, 2021	Jan. 13, 2022

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  
 501 N. 44<sup>th</sup> Street, Suite 200 Phoenix, AZ 85008  
[PoolPlanReview@Maricopa.Gov](mailto:PoolPlanReview@Maricopa.Gov)



Environmental Services  
 Department

**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)



ENVIRONMENTAL SERVICES DEPARTMENT  
 Swimming Pool Plan Review and Construction  
 501 N. 44<sup>th</sup> Street, Suite 200 Phoenix, AZ 85008  
 Phone (602) 506-0070 [PoolPlanReview@Mail.Maricopa.Gov](mailto:PoolPlanReview@Mail.Maricopa.Gov)



Environmental Services  
 Department

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)**