

## Pool Variance

The variance request must contain the following information.

### Pool Project

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

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### Pool owner/company information

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

POOL VARIANCE

Length of time variance is requested for

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 – Pool Code

<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>

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[www.health.state.mn.us](http://www.health.state.mn.us)

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