

**Water Recreation Facility
Variance Request Application**

Instructions

Submit your application to the Environmental Health Program if you would like to request a variance to §24.1, *Water Recreation Facilities Ordinance*, of the Arlington County Code.

The Environmental Health Program will notify you of a decision in writing within 60 business days.

Facility Name: _____

Facility Type (Check ONE)

- Main Pool Wading Pool Spa Pool Diving Pool Interactive Water Feature Other

Facility Information

Phone Number: _____

Street Address: _____ City: _____ State: ____ Zip: _____

Owner Information

Owner Name: _____

Phone Number: _____ Email: _____

Street Address: _____ City: _____ State: ____ Zip: _____

To which section of Chapter 24.1, Water Recreation Facilities Ordinance, are you requesting a variance?

Describe why you are unable to comply with the Ordinance section to which the variance is requested.

Describe the nature and duration of the variance requested.

State the reasons why public health or safety will not be jeopardized if the variance is granted.

Certification

If a variance is granted, I agree to comply with any conditions required by the Arlington County Public Health Division, as well as the requirements set forth in Chapter 24.1, Water Recreation Facilities Ordinance. I understand that the variance must be posted in a conspicuous place for the public to view, is non-transferable, and will be revoked if the license is revoked.

Owner Signature

Date

Owner Name (printed): _____

OFFICE USE ONLY

Date of Receipt: _____

EHS Review: _____

Date: _____

Supervisor Review: _____

Date: _____

Variance Accepted: Yes No

Effective Date: _____

Expiration Date: _____

Conditions necessary for granting variance: _____

Bureau Chief Review: _____

Date: _____

Variance Decision: Approved Denied