



WILLIAMSON COUNTY AND CITIES HEALTH DISTRICT

ENVIRONMENTAL HEALTH

355 TEXAS AVENUE, ROUND ROCK, TEXAS 78664

PHONE: 512-248-7620

WCCHD.ORG

EH@WILCO.ORG



Pool/Spa/PIWF VARIANCE REQUEST APPLICATION

NEW Pool/Spa/PIWF EXISTING Pool/Spa/PIWF—PERMIT #: _____

FEE OF \$100 DUE PRIOR TO REVIEW

DATE FACILITY WAS BUILT: _____ Circle one: PRE or POST 10/1/1999

NAME OF FACILITY: _____

PHYSICAL ADDRESS: _____

NAME OF OWNER: _____

OWNER TELEPHONE: _____ EMAIL: _____

A variance request is a written document submitted and signed by the owners of a facility when requesting a modification to requirements of the current applicable law.

25 TAC CH 265 - TX HEALTH & SAFETY CODE CH 757 - WCCHD Pool Order

WHICH TYPE OF VARIANCE ARE YOU REQUESTING?

VARIANCE	CHECK:
WAIVER OF REQUIREMENT FOR A PIWF (Public Interactive Water Feature)	
WAIVER OF REQUIREMENT FOR A SPA	
WAIVER OF REQUIREMENT FOR A POOL: <input type="checkbox"/> CLASS A - accredited competitive aquatic events <input type="checkbox"/> CLASS B - public recreation and open to general public <input type="checkbox"/> CLASS C - pool with limited guest access (hotel/motel, HOA, club, or school) <input type="checkbox"/> Wading pool (max depth 24 inches)	
ANOTHER VARIANCE OR WAIVER: _____	

ALL PAGES OF THIS APPLICATION AND ALL REQUESTED DOCUMENTATION MUST BE SUBMITTED IN ORDER TO BE REVIEWED

*****FOR OFFICE USE ONLY*****

DATE RECEIVED:

CASH: _____

CHECK #: _____

MONEY ORDER #: _____

RECEIPT #: _____

CREDIT CARD: _____

Pool/Spa/PIWF VARIANCE REQUEST APPLICATION

IN ORDER TO BE CONSIDERED FOR A VARIANCE TO THE LAW, THE APPLICANT MUST SUBMIT THE FOLLOWING:

STATEMENT OF PROPOSED VARIANCE (EXPLAIN WHAT YOU WOULD LIKE TO DO):

(ATTACH SEPARATE DOCUMENT IF MORE ROOM IS NEEDED)

RELEVANT LAW and/or CODE SECTION: _____

PROVIDE DOCUMENTATION STATING DETAILS OF PROPOSED VARIANCE THAT WILL BE ESTABLISHED TO ALTERNATELY ADDRESS THE PUBLIC HEALTH ASPECT STATED IN THE RELEVANT SECTION OF WCCHD/TEXAS CODES, POOL ORDERS or POLICIES.

PROVIDE INFORMATION REGARDING YOUR PROPOSED CHANGE AND HOW IT WILL MEET THE REQUIREMENTS AND INTENT OF THESE REGULATIONS.

PROVIDE TECHNICAL DATA, SUPPORT, AND DEMONSTRATION OF THE PROPOSED VARIANCE'S EQUAL OR GREATER PROTECTION OF THE PUBLIC HEALTH.

ALL PAGES OF THIS APPLICATION, ALL REQUESTED DOCUMENTATION, AND THE \$100 VARIANCE APPLICATION FEE MUST BE SUBMITTED IN ORDER FOR THE VARIANCE REQUEST TO BE REVIEWED. IF THE VARIANCE REQUEST IS DENIED FOR ANY REASON, THE \$100 REVIEW FEE WILL NOT BE REFUNDED.

Requests to ignore a law or to inspect using a related law from a different jurisdiction will not be granted.

I HAVE READ AND UNDERSTAND THE REQUIREMENTS FOR SUBMITTING A VARIANCE REQUEST:

(APPLICANT SIGNATURE)

(DATE)