



Water Recreation Facility Variance Request Application

Instructions

Complete this application if you would like to request a variance to §24.1, *Water Recreation Facilities Ordinance*, of the Arlington County Code. Submit to the Environmental Health Program via email, mail, fax, or in-person. You will receive a decision in writing within 60 business days.

Facility Information

Facility Name: _____

Phone Number: _____ Email: _____

Street Address: _____ City: Arlington State: VA Zip: _____

Facility Type (Check ONE)

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

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 Printed Name: _____ Date: _____

Signature: _____

Information provided in this application may be subject to disclosure under the Freedom of Information Act (FOIA).

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 Director Review: _____ Date: _____

Variance Decision: ☐ Approved ☐ Denied