



**MECKLENBURG COUNTY
Health Department**

**Gibbie Harris, MSPH, BSN
Health Director**

(704) 336-4700

**ENVIRONMENTAL HEALTH DIVISION
SWIMMING POOL VARIANCE REQUEST FORM**

All sections above the divider line must be completed by the *owner* of the property or facility. Information below the divider line shall be filled out by Mecklenburg County Health Department. A formal letter will be mailed to the initiator approving or denying the request for variance.

Initiator: _____ **Date:** _____

The owner of the property/facility listed below has applied for a variance from the following Sections/Requirements of the *Mecklenburg County Swimming Pool Ordinance*:

Section 7: Lifeguards/Safety Requirements for the following reason:

Name of Property/Facility: _____

Address of Property: _____

City: _____ **Zip:** _____ **Parcel No.:** _____

Owner/Operator: _____

Address: _____

City/State/Zip: _____

Phone: _____ **Email:** _____

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Division Recommendations (Circle One): *Approve* *Disapprove* *Conditional*

Justification: _____

Program Manager: _____

Division Director: _____

Directors Decision: _____

Signature: _____

Date: _____