Environmental Health Services Recreational Health Program

2000 Alameda de las Pulgas, Suite #100 San Mateo, CA 94403

Phone: (650) 372-6200 | Fax: (650) 627-8244

smchealth.org/pools

PUBLIC SWIMMING POOL OR SPA VARIANCE REQUEST APPLICATION PACKET FOR ALTERNATIVE EQUIPMENT, MATERIALS, AND METHODS OF CONSTRUCTION

San Mateo County Environmental Health Services (EHS) may approve an alternative equipment, material, or method of construction provided EHS finds the proposed design is satisfactory and complies with the provision of California Building Code Title 24 for Public Pools, that the equipment, material, method of work offered is, for the purpose intended, at least equivalent to that prescribed in suitability, strength, effectiveness, fire resistance, durability, safety and sanitation methods, or that the method of installation proposed conform to other acceptable nationally recognized standards (Section 3107B.1).

APPLICATION GUIDELINES

- A. All applications must contain the following information:
 - a. POOL NAME: Name of facility and street address must read the same as was submitted for construction review or as permit reads.
 - b. APPLICANT'S NAME: Print name of owner or authorized agent.
- B. EHS requires sufficient evidence or proof to substantiate claims of the proposed equipment, material(s), or method of construction (Section 3107B.2).
 - Note: A test of the proposed equipment at no cost to EHS may be required if the evidence provided is insufficient in regards to compliance with the provisions of Title 24.
- C. The variance request must be specific to what is being requested. Submit an explanation, pertinent material, exhibits, plans, and statements or letters from other agencies as it pertains to the reason for your request. A complete application consists of the following: Request for Variance of Public Pool or Spa; authorization letter and supporting documents).
- D. Submit the correct fee per variance application. Current fees are available at smchealth.org/ehfees.
- E. Variances are reviewed and approved on a case by case basis within 10 business days of receipt. The Program Supervisor shall render a decision after receiving recommendations from the Recreational Health Program Specialist.
- F. If the applicant/petitioner for the variance would like to appeal the decision, the applicant must appeal to the Director of Environmental Health Services. Such appeals shall be requested in writing, within 30 days after the decision of the Food and Pool Program Supervisor.



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VARIANCE REQUEST APPLICATION FOR ALTERNATIVE EQUIPMENT, MATERIALS, OR METHOD OF CONSTRUCTION FOR PUBLIC SWIMMING POOL OR SPA

Has the applicant submitted plans and a requipool/spa to San Mateo County Environmental The Pool/Spa is:	ing ☐ YES ☐ NO ☐ NEW ☐ EXISTING		
s this variance request the result of repeated citations?			NO
this request part of the settlement agreement with a Legal/Enforcement Agency?			_ YES □ NO
POOL INFORMATION			
Facility Name:			
Facility Address:		City:	Zip Code:
Facility Phone Number:	Email	Address:	
OWNER INFORMATION			
Owner Name:		Email Address:	
Owner Address:			
City:	State:		Zip Code:
Owner Phone Number:		Alternate Phone Number:	
APPLICANT INFORMATION			
Applicant Name:		Email Address:	
Applicant Address:			
City:	State:		Zip Code:
Applicant Phone Number:		Alternate Phone Number:	
Specify the request and justification for variance (attached additional sheets if necessary):			
The undersigned requests a variance from the regulations California Building Code (Title 24) and California Electrical Signing this request I take full responsibility and liability for the purpose intended at least equivalent to that prescribe	al Code applicable to the r the compliance of the p	design and construction, or opera proposed variance and that the eq	ation of public swimming pools and spas. By juipment, material, method of work offered, for ability, safety and sanitation methods or that
the method of installation proposed conforms to other acc requested variance will require resubmittal and approval	ceptable nationally recog		I also acknowledge that any change to the
the method of installation proposed conforms to other acc	ceptable nationally recognized to construction.		I also acknowledge that any change to the



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AUTHORIZATION LETTER

OWNER INFORMATION				
Owner(s) Name:		Email Address:		
Owner(s) Address:				
City:	State:		Zip Code:	
Owner(s) Phone Number:		Alternate Phone Number:		
PROJECT INFORMATION				
Project Name:				
Project Address:				
City:	Zip Code:			
AUTHORIZATION				
I hereby authorize (property owner):				
of (firm, company, management comp	any):			
to represent me and to act on my beha	alf for the project listed a	above.		
PROPERTY OWNER SIGNATU	JRE*			
*If the management company signs for Architect/Contractor cannot sign thi			e representation. An Engineer/	
Type or Print Name:		Title:		
Date:	Owner Signature:			