

# Pool Variance Request Form

The variance request **must** contain the following information.

Project name \_\_\_\_\_ Project # \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP

Pool owner/company \_\_\_\_\_ Contact name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP

Phone number \_\_\_\_\_

Rule(s) from which variance is requested (cite specific language of the rule[s]):

---

---

---

---

Reason(s) rule cannot be met (include supporting evidence):

---

---

---

---

Alternative or additional protective measures to be taken to assure a comparable degree of protection to health or the environment:

---

---

---

---

POOL VARIANCE REQUEST FORM

Length of time variance is requested for:

---

---

**Variance requests are considered according to Minnesota Rules, Parts 4717.7000 to 4717.7050, as applicable.**

Incomplete applications cannot be processed and will be returned to the applicant. **Please submit a complete application along with the \$550 fee payable to Minnesota Department of Health** and any relevant information necessary to properly evaluate this request. Attach additional sheets if necessary.

**If this variance is granted, I agree to comply with any conditions required by the Minnesota Department of Health.**

---

Owner name (print)

Owner Signature

Date

**Resource**

[Variance Requests — Pool Code](https://www.health.state.mn.us/communities/environment/recreation/pools/variance.html)

<https://www.health.state.mn.us/communities/environment/recreation/pools/variance.html>

Minnesota Department of Health  
Swimming Pool Engineering  
PO Box 64975  
St. Paul, MN 55164-0975  
651-201-4500

[health.poolsbeaches@state.mn.us](mailto:health.poolsbeaches@state.mn.us)

Food, Pools, and Lodging Services Section

(<https://www.health.state.mn.us/communities/environment/food/fpls.html>)

07/01/2025

*To obtain this information in a different format, call: 651-201-4500. Printed on recycled paper.*