



Request for Homeowner's Association Exemption from Swimming Pool and Spa Rules

Return to: Iowa Department of Public Health
Swimming Pool Program
321 East 12th Street
Des Moines, IA 50319
Fax: (515) 281-4529

This form shall be completed by an authorized facility representative, agency, or owner.

Owner Name:			
Owner Address:			
City:	State:	Zip:	
Facility Name:			
Facility Address:			
City:	State: IA	Zip:	County:
Authorized Representative (please print):			
Contact Phone:		Contact Email:	
<input type="checkbox"/> Pool or <input type="checkbox"/> Spa	Surface Area (ft ²):	Volume (gls):	
Registration Number (if previously registered):			
<input type="checkbox"/> Pool or <input type="checkbox"/> Spa	Surface Area (ft ²):	Volume (gls):	
Registration Number (if previously registered):			
Total Number of Planned Dwelling Units:			

By submission of this form the above named homeowner's association (HOA) serving 72 or fewer dwelling units is notifying the department that it is hereby exempting its swimming pool and/or spa from regulation pursuant to Iowa Code §135I.2 and Iowa Administrative Code 641--15.1(2). The HOA represents:

- The association bylaws, which also apply to a rental agreement relative to any of the dwelling units, have been amended to include an exemption from the requirements of this chapter.*
- The HOA will provide for inspection of the swimming pool or spa by an entity other than the department or a local inspection agency,
 - The inspector designated by the association shall be a certified operator as defined in IAC 641--15.3(1).
 - A report of the inspection shall be filed with the association secretary and shall be available to any association member on request.

and

- The HOA will assume any liability associated with operation of the swimming pool and spa.

The HOA understands that if at any time it is determined that the above conditions for exemption no longer apply or are being violated the swimming pool and/or spa will again be subject to regulation under Iowa Code §135I and Iowa Administrative Code 641, Chapter 15.

Signature of Authorized Representative: _____

Date: _____

***Please provide a copy of the amended bylaws**