

WATERING RESTRICTIONS
APPLICATION FOR VARIANCE

Pursuant to Rule 40E-21.275, Florida Administrative Code



Additional information believed to be material may be attached, and additional sheets may be used, if necessary, for any of the responses.

A. Name: _____

Address: _____

Street City State Zip

Email: _____

24-hour contact phone #: () _____

Location of Property for which relief is being requested if different from above:

Street City State Zip

B. Specific rule or restriction from which relief is requested:

C. Facts supporting this request (be as specific as possible – include reports by qualified technical experts):

D. Description of relief requested:

E. Period of time for which variance is sought and the reasons and facts for such:

F. Damage or harm, which may result from compliance with the Water Shortage Rule or Order:

G. For applications for variance from restrictions on irrigation, provide a general description of the irrigation system, including pump or water system output and irrigated area:

H. Any other information the application believes is material:

Applicant's Signature _____ Date _____ Applicant's Name (print) _____

~~~~~ **For City Use Only** ~~~~~

Date Received: \_\_\_\_\_ Date Application Complete: \_\_\_\_\_

Approved by: \_\_\_\_\_ \_\_\_\_\_

Date