



Water Variance Application

Applicant: _____
Applicant Phone Number: _____
Applicant Email Address: _____
Property Address: _____

Description of Need for Variance: _____

Types of Landscaping Involved: _____

Max of 30 Days

Start Date: _____ End Date: _____

Conditions of Variance:

Water twice per day during these times, 5:00 AM – 9:00 AM and 7:00 PM – 11:00 PM
No weekends included.

The Water Variance Review Committee shall make its determination no later than the fifth working day after receipt of this request.

Any person or entity that is issued a variance must provide proof of the variance on demand by any City Official.

1. Permit Fee of \$100.00 dollars required.

Signature of Applicant

Date