



Permit # _____

Variance for Special Circumstances

This permit is to establish a watering schedule for customers who cannot follow the assigned watering schedule.

Customer Name _____

Address _____

Phone _____ Cell _____ E-mail address _____

What is your reason for requesting an alternate watering schedule?

- Medical/physical hardship
 - Long term Short term
- Conflicts with worship days
- ET controller/other sprinkler clock Issue
- Scheduling conflict (extended absence, business hours/days, sport field schedule)
- Other

Describe Special Circumstance: _____

Do you have an automatic sprinkler system? Yes No

Our watering days will be: (circle one)

 Sunday/Tuesday/Friday Monday/Wednesday/Saturday

 Monday/Wednesday/Friday Tuesday/Thursday/Sunday

Or Other (please describe)

/We understand that we may not water our lawn on additional days per week, outside our designated watering days. If requested to do so, we will verify the medical or physical condition for which we are applying for this Permit. Watering in a manner inconsistent with this Permit, or otherwise in violation of City Ordinance, or the water wasting provisions of the City Code, may result in prosecution.

Signature of Owner/Responsible Party Date
(Signature must be customer of record or the authorized representative of the customer of record.)