

REQUESTS FOR EXEMPTIONS AND VARIANCES

DURING DROUGHT RESTRICTION

Instructions: Please complete the following application and submit via email, mail, or fax (contact information to the right). All applications will be considered based on particular circumstances and whether enforcing City drought restrictions will cause you unnecessary hardship. Should you be granted a variance or exemption, your permit will be mailed to you with instructions regarding posting in public view. **Application must be completed in FULL in order to be considered.**

200 Howard Boulevard Port Aransas, TX 78373

info@ncwcid4.org Phone: (361) 749-5201 Fax: (361) 749-5799

EXEMPTION/VARIANCE REQUEST WILL LAST NO LONGER THAN 60 DAYS

1011	ne or organization, b	doi/1000.	11		
Con	Contact Person:		Title/Pos	Title/Position:	
Mail	ling Address w/Zip:				
Pho	ne #	Cell Phor	ne #E-Mail		
Site	Address of Request	ted Exemption/\	/ariance:		
Spe	cific Area of Reques	sted Exemption	/Variance:		
Purp	urpose of water use related to requested exemption/variance (check all that apply):				
	□ NEW PLANTII	NG/SOD	☐ VEGETABLE GARDEN	☐ ATHLETIC FIELD	
	☐ BOTANICAL (GARDEN	☐ FIRE HYDRANT USE	□ VEHICLE WASH	
.8	☐ POND REFILI		☐ BUILDING POWER WASH	☐ DUST CONTROL	
	□ WATER WELL	<u>.</u>	☐ AEROBIC SEPTIC SYSTEM	☐ Other	
Spec	cific restriction affec	ting water use:_			
Spec	cific restriction affect	ting water use:_			
Spec	cific restriction affect	ting water use:_			
Reas restr	son requesting exer	nption/variance	(Please explain in detail how the s dship, damage, or harm, or be a thr FING/SOD, INCLUDE DATE OF IN	pecific provision of the drought eat to health and safety. IF REQU	
Reas restr	son requesting exer rictions will cause ur EING MADE DUE 7	nption/variance	(Please explain in detail how the s dship, damage, or harm, or be a thr	pecific provision of the drought eat to health and safety. IF REQU	
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Reas restr	son requesting exer rictions will cause ur EING MADE DUE 7	nption/variance	(Please explain in detail how the s dship, damage, or harm, or be a thr	pecific provision of the drought eat to health and safety. IF REQU	

Complete the following information: Date(s) requested for Water Use ______ Time of Day for Water Use _____ Duration (in hours / minutes) of each Water Use ______ Day(s) of Week for Water Use _____ Estimated Usage in Gallons per Application______ Estimated Total Gallons Used _____ Source of Water (tap, hydrant, tanker truck, etc.) Please refer to attached watering schedule for a new lawn in which Nueces County WCID4 will adhere to. 10. Conservation Measures to be Taken (Please explain what measures you plan to take to reduce water consumption or improve efficiency during the drought): Other pertinent information: 11. Signature of Contact Person: Date: _____ (For Office Use Only) Permit Granted as Requested. _Permit Granted with Following Revision(s):_______ Permit Denied. Reason(s) why: ______ Variance Number Assigned:______ Approved by: ______ Title:_____

Signature:

Date: