



REQUESTS FOR EXEMPTIONS AND VARIANCES

DURING DROUGHT

STAGE 3

RESTRICTIONS

200 Howard Boulevard
Port Aransas, TX 78373

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

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****

****Exemption and Variances are for construction purposes only. NO IRRIGATION ALLOWED****

1. Name of Organization/Business _____
2. Contact Person: _____ Title/Position: _____
3. Mailing Address w/Zip: _____
4. Phone # _____ Cell Phone # _____ E-Mail _____
5. Site Address of Requested Exemption/Variance: _____
6. Specific Area of Requested Exemption/Variance: _____
7. Purpose of water use related to requested exemption/variance (*check all that apply*):

☐ FIRE HYDRANT USE/DUST
CONTROL (CANNOT USE
SPRINKLER)

☐ GROUND COMPACTION
FOR NEW CONSTRUCTION

☐ Other _____

8. Specific restriction affecting water use: _____

9. Reason requesting exemption/variance (*Please explain in detail how the specific provision of the drought restrictions will cause unnecessary hardship, damage, or harm, or be a threat to health and safety.*)

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.) _____

10. Conservation Measures to be Taken (*Please explain what measures you plan to take to reduce water consumption or improve efficiency during the drought*):

11. Other pertinent information: _____
-
-
-
-
-
-
-

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: _____

Date: _____

Signature: _____

Title: _____
