



P.O. Drawer 400 2671 San Angelo
Ingleside, TX 78362
Phone: 361-776-2517 Fax: 361-776-5011

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.

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. Purpose of water use related to requested exemption/variance (*check all that apply*):

- | | | |
|---|--|---|
| <input type="checkbox"/> NEW PLANTING/SOD | <input type="checkbox"/> VEGETABLE GARDEN | <input type="checkbox"/> ATHLETIC FIELD |
| <input type="checkbox"/> BOTANICAL GARDEN | <input type="checkbox"/> FIRE HYDRANT USE | <input type="checkbox"/> VEHICLE WASH |
| <input type="checkbox"/> POND REFILL | <input type="checkbox"/> BUILDING POWER WASH | <input type="checkbox"/> DUST CONTROL |
| <input type="checkbox"/> WATER WELL | <input type="checkbox"/> AEROBIC SEPTIC SYSTEM | <input type="checkbox"/> Other _____ |

7. Specific restriction affecting water use: _____

8. 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. Attach additional sheets if necessary*): _____

9. Detailed Exemption/Variance Request (*Please explain what you are requesting, including completing the table on the next page*):

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.) _____

Method of Application (Irrigation system, hand-held hose, 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: _____

Permit Number Assigned: _____

Approved by: _____

Title: _____

Signature: _____

Date: _____