SOUTH FLORIDA WATER MANAGEMENT DISTRICT

APPLICATION FOR VARIANCE

Pursuant to Rule 40E-21.275, Florida Administrative Code

Additional information believed to be material may be attached and additional sheets may be used if necessary, for any of the responses.

A. Name:_____

Address:_____
Street City State Zip

Email Address: _____

24 hour contact phone #: (____)_____

Location of Property for which relief is being requested if different from above:

_____
Street City State Zip

Section/Township/Range (if known): _____

SFWMD Permit Number: _____Project Name:_____

_____

B. Specific rule, order, water shortage phase or restriction from which relief is requested:

_____
_____

C. Facts supporting this request (be as specific as possible – include reports by qualified technical experts):

_____
_____
_____

D. Description of relief requested:

_____
_____

E. Period of time for which variance is sought and the reasons and facts for such:

_____
_____

F. Damage or harm which may result from compliance with the Water Shortage Rule or Order:

_____
_____
_____
_____

G. If restrictions cannot be met because of extent or cost, describe measures necessary to meet all restrictions, restrictions which can be met, and the date of compliance:

_____
_____
_____
_____
_____

H. If this request is for a golf course which is unable to meet the front nine-back nine requirements, submit a map showing the proposed alternative division of the course in half and an explanation of the proposed irrigation scheme.

_____
_____

I. For applications for variance from restrictions on irrigation, provide a general description of the irrigation system, including pump or water system output and irrigated area:

_____
_____
_____

J. Any other information the applicant believes is material:

_____
_____
_____

_____
Applicant's Signature

_____
Print name of Applicant

_____
Date

.....For District Use Only.....

Date Received: _____ Date Application Complete:_____ Control No: _____

Compliance: Yes _____ No _____ _____ _____
Form Sent Received

Approved:
By:_____
Date: _____