



Variance Request Form

Mammoth Community Water District
Water Management Requirements

Application # _____
Granted/Denied _____
By: _____

Please return form to MCWD via mail to PO Box 597 Mammoth Lakes, CA 93546, in person at 1315 Meridian Blvd. in Mammoth Lakes, by fax to 760-934-2143 or email to bhylton@mcwd.dst.ca.us.

Applicant Information

Date of submittal: _____ Name of applicant: _____

Street address for variance: _____

Circle one: Single-Family Home Multi-Family Residence Commercial/Business Other: describe

Email of applicant: _____

Phone number: _____

New Seed or Turf exemption-30days

Date that seeds or turf will be/was installed: _____

Describe irrigation schedule and attach map of area requiring variance: _____

Hardship exemption

Describe need for variance: _____

Provide supporting evidence to support request that restrictions create a disproportionate impact: _____

Describe irrigation schedule and attach map of area requiring variance: _____

Describe how water use will not increase as a result of granting a variance: _____

Terms and Conditions

1. A variance is not transferable to another property or customer.
2. A variance may be modified or revoked by MCWD at any time.
3. Variance will be under specified conditions of approval

Applicant Signature

By this signature, the applicant indicates understanding that the application for a variance does not guarantee a variance will be granted, and the granting of a variance does not permit waste of water or non-compliance with any other portion of the Water Code. If this request for variance is approved, the applicant agrees to irrigate only in the amount and manner permitted by the variance. If this request is not approved applicant may submit a written appeal on the decision within 10 days.

Applicant signature: _____ Date: _____

Internal review and decision (internal use only)

Having fully considered the above application for a variance, I find that the applicant has not met the requirements necessary to approve a variance. **A VARIANCE IS NOT** granted.

Having fully considered the above application for variance, I find that the applicant has provided sufficient evidence to justify a variance. **A VARIANCE IS GRANTED** subject to the following conditions:

Conditions of approval:

Variance ends on Date: _____

MCWD signature: _____ Date: _____

Date and method that applicant was contacted with variance decision: _____

Comments: