



Variance Request Form

Mammoth Community Water District
Water Management Requirements

Application # _____
Granted/Denied _____
By: _____

Please return form to MCWD via email to mdraper@mcwd.dst.ca.us, mail to PO Box 597 Mammoth Lakes, CA 93546, or in person at 1315 Meridian Blvd. in Mammoth Lakes.

Applicant Information

Date of submittal: _____ Name of applicant: _____

Street address for variance: _____

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

Email of applicant: _____

Phone number: _____

New Seed or Turf exemption-30days

Square footage of area to be reseeded: _____ Square footage of new landscaping: _____

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 the 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.
4. Landscape irrigation systems must have a functioning backflow prevention assembly tested annually. Prior to variance approval, the District must receive verification of a passing backflow prevention assembly test.
5. A Landscape Permit must be approved for any project (1) replacing 2,500 sf or more of existing landscaping, (2) when adding 500 sf or more new landscaping, and/or (3) when increasing the total landscape area of a property to 500 sf or greater.

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, the 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 applicant was contacted with variance decision: _____

Comments: