



## 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.

**Water Utilities Department**

2726 Holly Rd  
Corpus Christi, TX 78415  
361-826-1600  
361-826-4460 (fax)  
E-mail: [drought@cctexas.com](mailto:drought@cctexas.com)

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*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Continue on reverse

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*):

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11. Other pertinent information: \_\_\_\_\_

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Signature of Contact Person: \_\_\_\_\_ Date: \_\_\_\_\_

*(For Office Use Only)*

\_\_\_\_ Permits Granted as Requested.

\_\_\_\_ Permits Granted with Following Revision(s): \_\_\_\_\_

\_\_\_\_ Permits Denied. Reason(s) why: \_\_\_\_\_

**Permit Number Assigned:** \_\_\_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_