

APPLICATION FOR APPEAL

Please PRINT OR TYPE all information. Applications must be received within twenty-one (21) days after an appealable decision has been made pursuant to District Rule 70. To be considered for an appeal hearing, please submit a completed application and include a non-refundable processing fee of \$900.00; other information as necessary which may include 5 years of water records from purveyor. The Board will support or deny your appeal based on the pertinent information you have provided. Submission of an incomplete application may constitute grounds for denial of your request.

APPLICANT INFORMATION

Ap	plicant's Full Name:						
	Mailing Address:						
	City:	State:		Zip:			
	Phone Number(s): Work ()	Home (_)				
	E-Mail:						
Name of Agent(s) to Represent Applicant:							
	Mailing Address:						
	City:	State:	Zip:				
	Phone Number(s): Work ()	Home (_)				
	E-Mail:						
	PROPER	TY INFORMATION					
1.	Full Name of Property Owner:						
	Mailing Address:						
	City:	State:	Z	ip:			
	Phone Number(s): Work ()	Home ()			
	E-Mail:						
2.	Property Address:						
	City:	State:	Zip:				
3.	Assessor's Parcel Number:	-					
4.	Property Area: Acres:	Square Feet: _		Other:			
5.	Past Land Use:						
6.	Present Land Use:						
7.	Proposed Land Use:						
	Existing buildings? Yes	No					
	Types of uses and square footage:						

STATEMENT OF APPEAL REQUEST

*If additional space is needed for response to any question, please continue on a separate piece of paper and attach it to the back of this application.

1.	From which rule(s) or staff's decision(s) are you requesting an appeal?
2.	Do you feel the rule or staff's decision is applicable in most cases, or do you believe it should be revoked or changed?
3.	What were the circumstances surrounding your decision to appeal?
4.	Please state the special circumstances that distinguish your application from all others which are subject to enforcement of this process.
5.	What difficulties or hardships would result if your appeal request is denied?
6.	What specific action are you requesting that the Board take?
7.	Please indicate if you intend to make a statement at the appeal hearing, and list the names of any other individuals who may speak on your behalf.



EXHIBIT 2

PROJECT INFORMATION

	additional space is needed oer and attach it to the bac		please continue on a separate piece of				
1.	Type of Project:	New Construction _	Remodel/Addition				
2.	Proposed New Use: (Please refer to the District's current Fixture Unit/Use Category sheet fo assistance with this question.)						
Res	sidential: No. Dwellings _	Total No. Fixture Uni	ts (Residential Only)				
Coı	mmercial/Industrial/Gover	nmental: Type of Use:	Square Footage:				
Oth	ner (Specify):						
3.	Current Zoning Classific	ation:					
4.	Name of the water company which services the property:						
5.	Do you feel this project will use less water than that calculated by the District? If so, please explain how much you believe the project will use, and the basis on which you make thi assumption.						
6.	Has this project been approved by the local jurisdiction? If so, please list or attach a copy of all conditions which have been imposed on the project. (Attach a copy of these conditions and approvals received.)						
7.	Does the applicant intend to obtain a municipal or county building permit for the project within ninety (90) days following the granting of a water connection permit? If not, when will wate be needed at the site?						
***	*********	*********	**********				
		erjury that the information in est of my knowledge and belief	the application and on accompanying f.				
Sig	nature of Applicant		Date/Location				

NOTE TO APPLICANT: You may attach written findings for the Board to review and consider in support of the action you have requested.

