

MPWMD APPLICATION FOR VARIANCE

Variations to the District's Rules and Regulations may be granted when: a) Special Circumstances exist, as defined in the Rule 11; and b) when strict interpretation and enforcement of any Rule would cause Undue Hardship; and c) when the granting of such a variance will not tend to defeat the purpose of the Rules and Regulations. Applicants must submit a completed application with payment of a non-refundable processing fee \$900.00, (plus \$90.00 an hour for more than 10 hours of staff time), along with any other information necessary to evaluate the case. Upon hearing the variance, the Board has the discretion in unusual matters to reduce and return (in full or in part) the fee for variance otherwise set by Rule 60.

Applications must be received at least four weeks in advance of the next scheduled Board meeting for placement on that agenda, if feasible. All applicants are required to provide the information requested on this form, and that information will be used as the basis for the Board findings to support or deny the variance request. Incomplete applications may constitute grounds for denial or continuation.

PART 1: APPLICANT INFORMATION

Applicant's Full Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone Number(s): Primary (____) _____ Secondary (____) _____
E-Mail: _____
Name of Agent(s) to Represent Applicant: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone Number(s): Work (____) _____ Home (____) _____
E-Mail: _____

PROPERTY INFORMATION

Full Name of Property Owner: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone Number(s): Work (____) _____ Home (____) _____
E-Mail: _____
Property Address: _____ City _____
Assessor's Parcel Number: _____ - _____ - _____
Property Area: Acres: _____ Square Feet: _____ Other: _____
Past Land Use: _____
Present Land Use: _____
Proposed Land Use: _____
Existing buildings? Yes _____ No _____
Types of uses and square footage: _____

PART 2: STATEMENT OF VARIANCE REQUEST

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

From which rule(s) are you requesting a variance?

Please state the Special Circumstances¹ which distinguish your application from all others which are subject to enforcement of this process.

What difficulties or Undue Hardship(s) would result if your variance request is denied?

What specific action are you requesting that the Board take?

Please indicate if you intend to make a statement at the variance hearing, and list the names of any other individuals who may speak on your behalf at the hearing.

¹ Capitalized terms are defined in [MPWMD Rule 11, Definitions](#)
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PART 3: PROJECT INFORMATION

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

Type of Project: _____ New Construction _____ Remodel/Addition

Residential: _____ Non-Residential: _____ Mixed Use: _____

Describe the Project, particularly as it relates to water use:

Current Zoning Classification: _____

Name of water company which services the property: _____

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 copies of all findings, conditions and approvals received)

Does the applicant intend to obtain a municipal or county building permit for the project within ninety (90) days following the issuance of a Water Permit? If not, when will water be needed at the site?

I declare under penalty of perjury that the information in the application and on accompanying attachments is correct to the best of my knowledge and belief.

Signature of Applicant

Date/Location

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

Fee Paid _____ Receipt No. _____ Staff Initials _____



PART 4: EX PARTE COMMUNICATIONS DISCLOSURE STATEMENT

Name or description of project, action, etc.: _____

Names and addresses of all persons authorized to communicate with the Board of Directors on this matter (if more space is needed, please add a new page):

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____

This *Disclosure Statement* is completed in my capacity as the Applicant for matter referenced in the first line, or as an authorized Agent of the Applicant. My signature evidences I am duly authorized to act on behalf of all individuals and/or entities that have an ownership interest in this matter (exceptions shall be noted by checking this box and providing a complete explanation as an attachment to this *Disclosure Statement*).

I understand this *Disclosure Statement* is required to list the names and addresses of **all persons authorized to communicate with the Directors of the Water Management District on this matter**. I further understand and agree to revise and amend this *Disclosure Statement* whenever any other person is authorized to communicate regarding this matter. Oral disclosure of agents shall not satisfy this requirement.

I understand and agree that failure to disclose the name of individuals who shall communicate with the District Board Members on behalf of the applicant shall subject the matter referenced above to immediate review and denial. Further, I understand that if denial is based on failure of either the applicant or of an authorized agent of the applicant to comply with these disclosure requirements, no request for approval of an identical or similar matter shall be granted for a period of twenty-four (24) months from the date this matter is denied.

I declare the foregoing to be true and correct of my own personal knowledge. I have signed this form this _____ day of _____, _____. This form is signed in the City of _____, State of _____.

Applicant/Agent's Name (print): _____

Signature: _____ Date: _____