SANTA FE IRRIGATION DISTRICT
REQUEST FOR HARDSHIP VARIANCE

Customer Name:_____
Last Name **First Name** **MI**

Account Number:_____
(Attach sheet listing additional account numbers if more than one meter serves the site).

Service Address: _____
Mailing Address: _____

Best Daytime Contact Phone #: (___) _____ E-mail Address:_____

1. **Total number of occupants:** _____ 2. **Total occupant capacity** (if other than residential): _____

3. **Lot size that meter(s) serves:** _____ **acres.** 4. **Total irrigated landscape area:**_____**sq.feet.**

5. **If there is a pool(s)/spa(s), please provide total size** (in gallons): _____ 6. **Number of structure stories:** ___

7. **Square footage of structure(s):**_____

8. **Reason for the requested variance:** *See Page 2 for qualifying Criteria. Attach additional sheets if needed.*

_____
_____
_____
_____

9. **Please propose an alternative that accommodates your specific water use needs and still achieves the intended reduction in water use. If no alternative is possible, please provide reason.** Examples: Propose alternative irrigation days or time periods from those established by the District; propose a plan to increase conservation in other ways at the site in order to compensate for inability to reduce water use for reasons you described above. *Attach additional sheets if needed.*

_____
_____
_____
_____

10. **Please attach any supporting documentation for your request for a variance, including, but not limited to, photographs, maps, drawings, and other information.**

11. **Please include a PROCESSING FEE of $50.00**
CHECK #:_____ (fee is non-refundable)

Checks shall be made payable to the Santa Fe Irrigation District.
I certify under penalty of perjury that all the information provided is truthful and correct. I understand that this form is required to be submitted to the Santa Fe Irrigation District, and that all information provided is subject to verification by the District. The District may request additional information and/or inspection of the interior and exterior of the premises.

Customer Signature _____ **Date** _____

Date Application Received by District _____
Send this form along with processing fee to:
Hardship Variance Request • Santa Fe Irrigation District P.O. Box 409 • Rancho Santa Fe, CA 92067-0409
Variance requests will be processed within 10 days of receipt. Customers will be notified of District's determination by mail.