



**TROPHY CLUB MUNICIPAL UTILITY DISTRICT NO. 1**

**Application for Variance Permit**

**Requestor Information**

Name of Person Requesting Variance: \_\_\_\_\_

Address for Variance: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone No.: \_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Variance Requested**

\_\_\_ Change in watering day(s) to: \_\_\_\_\_

\_\_\_ Change in watering time(s) to: \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_

Effective Date: \_\_\_/\_\_\_/\_\_\_

Ending Date: \_\_\_/\_\_\_/\_\_\_

**Reason for Variance (please explain)**

Please provide proof to support your explanation above. Please allow up to ten (10) days for variance consideration.

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

Date: \_\_\_/\_\_\_/\_\_\_

**OFFICE USE ONLY:**    \_\_\_ APPROVED    \_\_\_ NOT APPROVED

CONDITIONS OF VARIANCE: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

BY: \_\_\_\_\_ DATE: \_\_\_\_\_