



SINGLE FAMILY RESIDENTIAL WATER BUDGET VARIANCE REQUEST FORM

Name _____ Account # _____

Service Address _____

Mailing Address _____

Email Address _____

Phone Number (Will be contacted between the hours of 8am and 5pm) _____

The purpose of this form is to request a variance in water budget. A variance would allow an additional budget of water greater than the standard amount SMWD uses for your single family residence. If you require a variance based on the criteria below, please complete this form and return it to SMWD. Variances are subject to periodic review by SMWD.

I request a water budget variance for the following reasons:

Additional residents

Single Family Residence with more than 4 permanent residents: *Total number in household* _____

Each additional permanent resident will be allocated 55 gallons of water per day per billing period.

Attach proof of permanent residency for ALL RESIDENTS in the household. Proof may be one of the following:

- Birth Certificate – for children under the age of 18
- Driver's License
- Lease Agreement
- School Records

Proof must be preprinted with current service address. *Increased budget for additional occupants must be renewed annually from original date of approval. Notifications will be sent.*

Additional landscape area (Single Family Residence with a lot size greater than 15,000 sq.ft.)

Total square feet of irrigable area: _____

Submit landscape drawings or a sketch showing total square feet of the landscape. *Include the surface area of your pool and spa. Do not include the hardscape area (e.g. driveways, patios) as part of the total landscape. Record all dimensions in feet and total area in square feet.*

Medical needs

Provide a doctor's note stating condition requires additional water usage and an estimate of how much per month.

Licensed care facility (in a Single Family Residential dwelling unit)

Submit a copy of the business license(s) and/or permit(s). Total number of qualifying persons: _____

Horses/Livestock

Attach a list of the type and quantity of each type of livestock that requires additional water. Please be advised that a site visit may be required to verify.

Other

There may be other instances where an increased budget is appropriate. Please provide your request on a separate piece of paper and attach to the signed form.

Variations are effective the date the request is approved by the District.

I declare, under penalty of perjury, that I am the above account holder and the information contained herein, including supporting documentation and attachments, is complete and accurate. I understand, acknowledge and agree that if a variance is granted, SMWD has the right to enter and inspect the interior and exterior of my property to verify that the conditions or circumstances for which the variance was granted are true and correct. I further understand that I may be liable for back charges if I provide false or misleading information. Knowingly providing false or misleading information for purposes of receiving a variance may be subject to civil and criminal penalties. I agree to notify SMWD within 10 days if any of the conditions or circumstances for which my variance was granted have changed. I understand that all variances are subject to change based on future water conservation requirements.

Signature

Phone

Date

Please mail this form with all applicable attachments to:

Santa Margarita Water District
Attention: Customer Relations Department
P.O. Box 7005
Mission Viejo, CA 92690

Or submit in person at our District office located at:

Santa Margarita Water District
26111 Antonio Parkway
Rancho Santa Margarita, CA 92688

District Use Only

Approved _____ Denied _____ Increase in CCFs _____ Signature _____ Date _____