



# Variance Request Form for Marina Coast Water District

|                        |
|------------------------|
| Assigned _____         |
| Reviewed _____         |
| Granted / Denied _____ |
| Account No. _____      |

## PART A – APPLICANT INFORMATION

Requested Variance (include District Code Section) \_\_\_\_\_

Date of Submittal of Variance Request \_\_\_\_\_

Has applicant applied for the same or similar variance previously?  YES  NO  UNKNOWN

If YES, to above, please provide details \_\_\_\_\_

### Request:

Name of Applicant (Contact) \_\_\_\_\_

Applicant Relationship to Owner \_\_\_\_\_

Billing Name (if different from above) \_\_\_\_\_

Street/Mailing Address for Variance \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street/Mailing Address for Billing (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

## PART B – BASIS OF VARIANCE REQUEST

1. The strict application of the code would result in unfair or unequal treatment, undue hardship, or an emergency condition exists which requires that the variance be granted; and,
2. Granting the variance will not cause a significant adverse effect on the water supply or on service to other persons served by the district; and,
3. The variance is in the best interests of the district.

This variance request may only be based on the above conditions. Please briefly describe the basis of your request and provide documentation of need in Part C. If further space is required in the completion of this form, provide a note of such and attach supporting documentation with application.

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**PART C – EVIDENCE TO SUPPORT VARIANCE**

Provide documentation to support you request. Documentation should concisely prove the need for a variance. Please list documents below and attach copies with your application. Original records will not be returned.

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**PART D – REQUESTED ACTION**

What specific action are you requesting that the Board take?

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- I understand that the application for a variance does not guarantee a variance will be granted.*
  
- I have contacted the owner and he has given his permission to process this application, or I am the property owner.*

Applicant:

Applicant’s Name: \_\_\_\_\_

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PART D – GENERAL MANAGER’S RECOMMENDATION (for internal use by Marina Coast Water District)**

- Having fully considered the above application for variance, I find that the Application has NOT proven by clear and convincing evidence that the requirements of Section 2.08 Variances have been met. Based on the foregoing, a VARIANCE IS NOT RECOMMENDED.
  
- Having fully considered the above application for variance, I find that the Applicant has proven by clear and convincing evidence that the requirements of Section 2.08 Variances have been met. Based on the foregoing, a VARIANCE IS RECOMMENDED.

This request will be on the Marina Coast Water District Board agenda currently scheduled for \_\_\_\_\_. Please call the District to confirm this date.

Explanation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of District General Manager

\_\_\_\_\_  
Date