



# VARIANCE REQUEST FOR INCREASED WATER ALLOCATION

Name \_\_\_\_\_ Account # \_\_\_\_\_

Service Address \_\_\_\_\_

This purpose of this form is to request a variance. A variance is an allocation of water greater than the standard amount IRWD uses for your type of home. If you require a variance based on the criteria below, please complete and return this form. Variances are subject to periodic review by IRWD.

## I request a variance for the following reason(s):

### ☐ Additional people in our home

- ☐ Detached home with more than 4 permanent residents: Total number in household \_\_\_\_\_  
or ☐ Condo Attached/Detached with more than 3 permanent residents: Total number in household \_\_\_\_\_  
or ☐ Apartment with more than 2 permanent residents: Total number in household \_\_\_\_\_

**Attach proof of permanent residency for EACH PERSON in the household.** Proof may be children's birth certificates, school records, blank checks with preprinted name and address, income tax returns, drivers license, lease agreements, etc. **Proof must be preprinted with current service address.** Increased allocations for additional occupants must be renewed annually. Forms will be mailed to you for this purpose.

### ☐ Additional landscape area

- ☐ Detached home with more than 1300 square feet: Total number of square feet \_\_\_\_\_ (soft landscape only)  
or ☐ Condo Attached/Detached with more than 435 square feet: Total number of square feet \_\_\_\_\_ (soft landscape only)

**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 (i.e. driveways, patios) as part of the total landscape. Record dimensions in feet and the total area in square feet.

Is part of the landscape owned by the association but your responsibility to water for fire control? ☐ Yes ☐ No

### ☐ Medical needs

Provide a doctor's note stating condition requires additional water usage.

### ☐ Licensed care facility (in a residential dwelling unit)

Submit a copy of business license.

### ☐ Horses/Livestock

Provide 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 allocation is appropriate. Please contact Customer Service at (949) 453-5300 to discuss your needs.

Variances are effective the date the request is received by the District.

I affirm that the information contained herein, including attachments, is complete and accurate. I understand that all variances are subject to change based on future water conservation requirements.

Please return to:  
Attn: Customer Service  
Irvine Ranch Water District  
P.O. Box 57000  
Irvine, CA 92619-7000

Signature \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

District Use Only

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_