

## **City of Conroe Year Round Water Variance Request**

### **INSTRUCTIONS**

Variances to watering restrictions may be granted in accordance with City of Conroe's Year Round Water Restrictions, whereby the City of Conroe City Administrator determines that a special circumstance exists.

#### **Please Note:**

- **Compliance with the water use regulations contained in the City of Conroe's Year Round Water Restrictions is required until specific approval is granted by the City of Conroe's City Administrator.**
- **An application for a variance does not provide reliance that the variance as requested will be approved.**

#### **Compliance:**

Throughout the life of the variance, the Water Service Account Holder/property manager/owner is responsible for compliance with all the provisions of the City of Conroe's Year Round Water Restrictions. This will include but is not limited to the following:

#### **A person may not fail to repair a controllable leak including**

- a broken sprinkler head, leaking or broken pipes or a leaking faucet;

#### **A person may not operate a permanently installed irrigation system with**

- a broken head
- a head that is out of adjustment and the arc of the spray head is over a street or parking lot
- a head that is misting because of high water pressure; and

#### **A person may not allow**

- water to run off a property and form a stream of water in a street for a distance of 50 feet or greater.
- water to pond in a street or parking lot.

## City of Conroe Water Variance Request

### APPLICATION

**The applicant shall keep a copy of the approved variance in a location on the subject property that is accessible and visible to the public.**

Please complete the following:

Requested Start Date: \_\_\_\_\_

Name: \_\_\_\_\_

Property Address: Street: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Account Holder Address: Street: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Property Name (if applicable): \_\_\_\_\_

Organization: \_\_\_\_\_

Property Manager/ Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

Explanation as to why this variance is being requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**(City of Conroe Use Only)**

City of Conroe Utility Account Number: \_\_\_\_\_

Water Meter Number: \_\_\_\_\_

Name appearing on Utility Account: \_\_\_\_\_

**By signing my name below, I acknowledge that the above information is true and correct. I further understand the water use restrictions imposed by this variance and that irrigation or other water use made pursuant to this variance does not exempt the applicant or the property owner/manager from complying with the provisions of the City of Conroe's Year Round Water Restrictions.**

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

Print Name: \_\_\_\_\_

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

**Please print this application and sign above. Upon completion, mail to:**

City of Conroe Water Conservation Manager,  
300 W. Davis,  
P.O. Box 3066,  
Conroe, TX 77305  
or FAX to (936) 522-3009 or Email to [waterconservation@cityofconroe.org](mailto:waterconservation@cityofconroe.org)

**You will be contacted within five (5) business days of receipt with notification of approval or denial of this application**

**City of Conroe Use Only**

Variance Approved: \_\_\_\_\_ Variance Denied: \_\_\_\_\_  
(City of Conroe, Water Conservation staff)

Date: \_\_\_\_\_ Initial Site Inspection Date