

WATERING PERMIT APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE #: _____

EMAIL ADDRESS: _____

PLACE OF USE: _____

(if different than listed above)

PURPOSE FOR WHICH THE EXCEPTION IS REQUESTED:

NEW SOD

NEW SEED

AGRICULTURAL

IF AGRICULTURAL, PLEASE EXPLAIN THE INTENDED USE OF THE WATER:

PERIOD OF TIME DURING WHICH THE EXCEPTION IS REQUIRED (e.g., 2 weeks, until seed is established, etc.): _____

»»» FOR OFFICE USE ONLY «««

DATE RECEIVED: _____

APPROVED BY: _____ DATE: _____

DENIED BY: _____ DATE: _____

COMMENTS: _____

