



CITY OF TAMPA



Pam Iorio, Mayor

Water Department

Office of the Director

PETITION FOR VARIANCE FROM WATER USE RESTRICTIONS

Petitioner Name: _____

Address: _____

Telephone: (____) _____ - _____

Contractor Name and License # (if applicable) _____

I hereby seek relief from section _____ of _____.
(section number) (ordinance, code, regulation)

Please attach documentation, which addresses *all* of the following:

- The facts supporting this variance request;
- The specific relief requested;
- Time period of desired relief;
- The damage or harm you will encounter if the variance is not granted;
- Description of restrictions which can be met;
- Steps you can take to fully comply with the restrictions;
- The date full compliance can be achieved;
- Any other information you consider material to this request.

Submit the variance application package to:

Brad Baird, P. E., Director
Tampa Water Department
306 E. Jackson Street, 5E
Tampa, FL 33602

FAX: (813) 274-7435

The Director of the Tampa Water Department will review this application, and you will be notified of the results of the review. Decisions of the Director may be appealed, in writing, to the City Council of the City of Tampa. Appeals must be made to the City Clerk's office within five working days of notice of denial by the Director.

