



**CITY OF
MOUNT
DORA**

PUBLIC WORKS AND UTILITIES

City Hall
510 N. Baker St.
Mount Dora, FL 32757

Office of the City Manager
352-735-7126
Fax: 352-735-4801

Finance Department
352-735-7118
Fax: 352-735-1406

Human Resources
352-735-7106
Fax: 352-735-9457

Planning and Development
352-735-7112
Fax: 352-735-7191

City Hall Annex
900 N. Donnelly St.
Mount Dora, FL 32757

Parks and Recreation
352-735-7183
Fax: 352-735-3681

Public Safety Complex
1300 N. Donnelly St.
Mount Dora, FL 32757

Police Department
352-735-7130
Fax: 352-383-4623

Fire Department
352-735-7140
Fax: 352-383-0881

Public Works Complex
1250 N. Highland St.
Mount Dora, FL 32757
352-735-7151
Fax: 352-735-1539

W. T. Bland Public Library
1995 N. Donnelly St.
Mount Dora, FL 32757
352-735-7180
Fax: 352-735-0074

Website:
www.cityofmountdora.com

APPLICATION FOR VARIANCE
From Specific Landscape Irrigation Day(s)

A. Name: _____

Address: _____

Email Address: _____ **Phone No.:** _____

Location of Property for which relief is being requested, if different from above:

Address: _____

Section/Township/Range (if known): _____

Number of acres being watered (approximate): _____

Date of previous variance: ____/____/____ **Variance #** _____

B. Type of water: _____ **Single family residential lawn/landscape irrigation**
_____ **Multi-family residential lawn/landscape irrigation**
_____ **Non-residential public, commercial and industrial property including commercial or transient housing units, hotel and motel units, and public medians and right-of-ways lawn/landscape irrigation.**

C. Description of relief requested:
_____ **Different Day(s) of the week** _____
_____ **Multi-zoned property needing to irrigate certain zones on different days (Note: no single zone may be irrigated more than 2 days per week during Daylight Savings Time or more than one day per week during Eastern Standard Time):** _____

D. Relief needed starting on: ____/____/____ **thru** ____/____/____
Date Date

E. Reason relief is needed - please explain with particularity why compliance with the scheduled days or day will result in a substantial economic, health or other hardship on the applicant: (Check all that apply)
_____ **Irrigation system services mixed addresses (both even & odd numbers).**
_____ **More time needed to cover all irrigation zones.**
_____ **Low pressure on assigned day causes system inefficiency.**
_____ **Property shares a pump with another property that has the same assigned days, times**



_____ **Religious conviction (please describe):** _____

_____ **Other (please describe):** _____

F. Facts supporting this request (be specific – include reports by qualified technical experts):

G. Damage or harm which may result from compliance with the schedule of irrigation days:

H. PROPOSED ALTERNATIVE – Please note that the City of Mount Dora will not accept an alternative which is less strict than the intent of St. John’s River Water Management District’s current restrictions (such as the number of days any given section of the property can be watered).

Change allowable irrigation day(s) to (circle):

_____ **Daylight Savings time schedule** **Mo Tu We Th Fr Sa Su**

_____ **Eastern Standard time schedule** **Mo Tu We Th Fr Sa Su**

_____ **Separate the property into two or more sections (groups of zones) and allow each section to be irrigated according to an alternative watering schedule.**

_____ **Applicant’s Signature** (Not required if returned via email) _____ **Date**

_____ **Print Name of Applicant**

..... *For City Use Only*

Date Received: _____ **Date Application Completed:** _____

Compliance: Yes _____ No _____ _____ **Form Sent** _____ **Received** _____ **Control No.**

Approved By: _____ **Date:** _____