



Department of Public Works & Parks

Water Use Variance Application

First Name:

Last Name:

Company Name (if applicable):

Phone No.:

Fax No.:

Street Address (where water use will occur):

Mailing Address:

City: State: Zip:

City: State: Zip:

Water Account Number at watering location:

Please explain the reason for your variance request:

Please describe the plant material to be watered (if applicable):

Water Use will occur by (check all that apply):

- ___Hose-End Sprinkler
___Automated/Manual Spray (Irrigation) System
___In-ground Drip System
___Spigot Use
___Hydrant Use - Permit
___Hydrant Use - Flow Test
___Other

I hereby attest that all information contained on this application is correct and true to the best of my knowledge. I understand that any license received pursuant to this application may be revoked for failure to abide by established rules and procedures, for misrepresentations made in this application, for excessive runoff from the irrigated landscape or other water waste, or for any other good cause. I understand that a license granted through this application will be valid for only the dates and uses specifically indicated. I understand that completion of this application in no way guarantees or imply approval for a Temporary Water Use Variance.

Submit by mail, fax, or scan and email to: Water Engineering Temporary Watering Variances 18 East Worcester Street, 3rd Fl. Worcester, MA 01604 Phone: (508)799-1493 Fax: (508)453-2889 dpw@worcesterma.gov

All approved licenses must be picked-up in person at the address noted above within 5 business days of notification or the license will be rescinded and applicant will need to reapply.

Signature

Date

Office Use Only:

License No: _____

Approved or Denied by: _____

Director or Designee

Date

Start Date: _____

End Date: _____