



**NEWHALL COUNTY WATER DISTRICT  
WATER EFFICIENCY TARGET "WET" PROGRAM  
RESIDENTIAL VARIANCE REQUEST  
P.O. BOX 220970, Santa Clarita, CA 91322-0970  
PHONE: (661) 259-3610 FAX: (661) 259-3574**

Name: \_\_\_\_\_ Account #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone #: \_\_\_\_\_ Service Address: \_\_\_\_\_

The purpose of this form is to request a variance. A variance is an allocation of water greater than the amount NCWD calculated for your home during the measurement phase of the WET program. If you require a variance based upon the criterion below, please complete and return this form. Variances are subject to periodic review by NCWD.

**I Request a Variance for the Following Reason(s)**

**Single Family Residence – Additional People in Our Home – Total Number in Household \_\_\_\_\_**

*If requesting additional occupants over four permanent residents, list additional resident below*

\_\_\_\_\_  
*Please list any additional occupants on the reverse side of this form. The District reserves the right to request proof of residency and the number of occupants may be reviewed annually.*

**Horses -**

Total number of horses: \_\_\_\_\_

**Adjusted Irrigated Landscape Area -**

Specify the square footage for each irrigated area – Turf: \_\_\_\_\_ Shrub: \_\_\_\_\_ Trees: \_\_\_\_\_ Pool: \_\_\_\_\_

*Please include any verification documentation; such as an aerial map or drawing*

**Licensed Child or Elderly Care Facility in a Residential Dwelling - (A copy of Business License is Required)**

Total number of children: \_\_\_\_\_ Total number of live-in elders: \_\_\_\_\_

**Medical Needs -**

Attach a doctor's note explaining the medical equipment and/or the additional gallons of water necessary per day. Please do not disclose any specific medication condition.

Gallons per day: \_\_\_\_\_

**Other -**

There may be instances where an increased allocation on a permanent or temporary basis may be appropriate. If this is the case, please provide the details on the lines below and attach any documentation. Our Customer Service Department may contact you regarding your request.

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

**Staff reviews all variances and you will be contacted if we have any questions or if this variance request is not approved.**

I affirm that the information contained herein, including attachments is complete and accurate. I understand that all variances are subject to change based on future conservation requirements.

Please email form and any supporting documents to:  
[Customerservice@ncwd.org](mailto:Customerservice@ncwd.org)  
Or FAX to (661) 259-3574

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

**District Use Only**  
Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_