



2019

Watering Schedule Variance Request Form

NOTE: This request for variance must be completed, submitted and approved *prior* to any changes to the established watering schedule. ECCV may request further information as needed.

Subdivision: _____

Builder/Developer/HOA: _____

Contact Name: _____

Contact's Contact #: _____

Variance requested for: SOD SEED Add'l Watering

Intersection closest to location of request: _____

SOD

SOD to be placed on (date): _____

Length of watering cycles will not exceed (minutes): _____

14 days of watering will *BEGIN* on (date): _____

LAST DAY of special watering will be: _____

Regular watering schedule will begin on: _____

SEED

SEED to be placed on (date): _____

Length of watering cycles will not exceed (minutes): _____

14 days of 3 watering cycles will *BEGIN* on (date): _____

1 cycle a day for 7 days will *BEGIN* on (date): _____

Every other day of 1 cycle watering will *BEGIN* on: _____

LAST DAY of special watering will be: _____

Regular watering schedule will begin on: _____

ADD'L Watering

To and From dates of special watering will be: _____

Please submit your request by FAX or email to:

Rebecca Bellamy
 rbellamy@eccv.org
 (303) 699-1228