**APPLICATION FOR LANDSCAPE IRRIGATION SCHEDULE VARIANCE FROM CHAPTER 366 JACKSONVILLE ORDINANCE CODE**

Please type or print this application in blue or black ink and submit in person or by agent with 2 additional copies to:

Environmental Protection Board  
Attn: James Richardson  
Edward Ball Building  
214 N. Hogan Street, 5th Floor  
Jacksonville, Florida 32202

FOR INFORMATION REGARDING THIS FORM CALL: (904) 255-7100

**TO BE COMPLETED BY APPLICANT/PROPERTY OWNER**

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<th>OFFICE USE ONLY:</th>
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<td>Application No.</td>
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| 1. Date Submitted: |
| 2. Date Returned: |
| 3. Date Approved: |

| Set for Public Hearing on: |
| Compliance Status: |

*** NOTICE TO Applicant/Property Owner ***

Please provide detailed responses to each of the following pertaining to the standards and criteria contained in Sec. 366.506, Ordinance Code. You may attach separate sheets if necessary.

(Please note that failure by the applicant to adequately substantiate the need for the variance and to respond to and meet applicable criteria may result in a denial of the application or a return of the application for additional information. Any activity that violates the Jacksonville Ordinance Code occurring during the time between submission of this application and the determination of completeness may be cited as a violation of the Jacksonville Ordinance Code.)

**Application Fee:** Please submit a $150.00 application fee. Checks should be made payable to the Tax Collector.

| (1) Applicant/Property Owner Name, Street Address, Real Estate No., and Location for which Landscape Irrigation Schedule Variance from specific day of the week limitations is being sought: |
| (2) Cross streets bracketing area: |

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(3) Type of landscape irrigation variance being sought (check all that apply):

<table>
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<tr>
<th></th>
<th>Day or Days of Week</th>
<th>Multiple Zones _____________________</th>
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<td>(Continue to Question No. 4)</td>
<td>(Skip to Question No. 5)</td>
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(4) List the specific day or days for which the landscape irrigation variance is sought.

________________________________________________________________________

________________________________________________________________________

(5) Where a contiguous property is divided into different zones, indicate a specific day or days wherein each zone may be irrigated on different days than other zones of the property. **Please note that no single zone may be irrigated more than one hour for 2 days a week when Daylight Savings Time is in effect, and for no more than 1 day per week when Eastern Standard Time is in effect.** **Note:** If the applicant requires greater relief, please do not complete this application. Instead, please directly contact the St. Johns River Water Management District.

________________________________________________________________________

________________________________________________________________________

(6) The facts which demonstrate with particularly that a landscape irrigation variance should be granted because compliance with the schedule of days for landscape irrigation will result in: __________

a. A substantial economic hardship: ___________________________________________

________________________________________________________________________

________________________________________________________________________

b. A health or medical hardship: _____________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

c. Any other hardship: _______________________________________________________

________________________________________________________________________

________________________________________________________________________
IMPORTANT NOTICE: THE GRANTING OF A LANDSCAPE IRRIGATION SCHEDULE VARIANCE HEREUNDER IS NOT A WAIVER OF ANY APPLICABLE STATE OR FEDERAL RULES AND DOES NOT PROVIDE PROTECTION FROM ENFORCEMENT OF ANY SUCH RULES.

A COMPLETED AGENT’S LETTER OF AUTHORIZATION MUST BE ATTACHED IF THE APPLICATION IS NOT SIGNED BY THE PROPERTY OWNER OF RECORD AND/OR, IF SOMEONE ATTENDS THE MEETING ON THE PROPERTY OWNER’S BEHALF.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND the information contained in this application, that I am the owner or authorized agent for the owner with authority to make this application, and that all of the information contained in this application, including any attachments, is true and correct to the best of my knowledge.

**PLEASE PRINT:**

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF APPLICANT/ PROPERTY OWNER:</th>
<th>NAME AND ADDRESS OF AUTHORIZED AGENT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME:_________________________</td>
<td>NAME: ___________________________</td>
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<tr>
<td>ADDRESS:____________________</td>
<td>ADDRESS: __________________________</td>
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<td>CITY: ____________ STATE: ____ ZIP: ______</td>
<td>CITY: ____________ STATE: ____ ZIP: ______</td>
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<tr>
<td>DAYTIME TELEPHONE: __________</td>
<td>DAYTIME TELEPHONE: __________</td>
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<td>FAX NUMBER: _________________</td>
<td>FAX NUMBER: _________________</td>
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<td>EMAIL_______________________</td>
<td>EMAIL __________________________</td>
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<tr>
<td>SIGNATURE OF OWNER/APPLICANT</td>
<td>SIGNATURE OF AUTHORIZED AGENT</td>
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</tbody>
</table>

THE AGENT’S LETTER OF AUTHORIZATION SHALL BE ATTACHED IF THE APPLICATION IS NOT SIGNED BY THE PROPERTY OWNER OF RECORD.
Agent Authorization

Date: ___________________________

Environmental Protection Board
Attn: James Richardson
Edward Ball Building
214 N. Hogan Street, 5th Floor
Jacksonville, Florida 32202

Re: Agent Authorization for the following site location:

______________________________________________________

You are hereby advised that the undersigned is the owner of the property described in Exhibit 1 (Please include a legal description) attached hereto. Said owner hereby authorizes and empowers

______________________________________________________

______________ to act as agent to file application(s) for Landscape Irrigation Schedule Variance for the above referenced property and in connection with such authorization to file such applications, fees, papers, documents, requests and other matters necessary for such requested variance.

____________________________________
(Owner’s Signature)

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing affidavit was sworn and subscribed before me this ______ day of _____________ (month), _______ (year) by ________________________________, who is personally known to me or has produced ________________________________ as identification.

(Notary Signature)