

# APPLICATION FOR SHORT-TERM EXEMPTION PERMIT

## INSTRUCTIONS:

Please complete this form to the best of your ability and submit to Water Conservation **NO LATER THAN** 48 hours prior to the requested exemption date(s). Applications received on a weekend or holiday will be reviewed on the next business day. Once the application has been received, Water Conservation will review the application and make a determination. If you have any questions about your application, contact Water Conservation at (559) 621-5480.

## CONTACT INFORMATION:

Contact Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Preferred Method of Communication:     E-Mail                       Phone                       Mail

Type of Property:     Single Family                       Multi Family Apt/Duplex

Mobile Home                       HOA Shared Account

PUD/Condo                       Commercial/Industrial/Institutional

## TYPE OF EXEMPTION BEING REQUESTED:

### **New Lawn Establishment**

Planting Date: \_\_\_\_\_ Landscape Service: \_\_\_\_\_

Area to be planted:     Front Yard                       Back Yard                       Both

Type of grass:             Fescue                       Bermuda                       Rye (Bluegrass is prohibited)

**\*\*New Lawn Permits are not available for over-seeding existing lawns\*\***

### **Solar Panel Cleaning**

Cleaning Date: \_\_\_\_\_ Solar Panel Company: \_\_\_\_\_

Number of panels to be cleaned: \_\_\_\_\_

### **Special Event**

Event Date: \_\_\_\_\_ Event Type: \_\_\_\_\_

Type of water use: \_\_\_\_\_

### **Other bona fide use**

Use Date: \_\_\_\_\_ Type of Use: \_\_\_\_\_

Reason for Use: \_\_\_\_\_

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## TYPE OF EXEMPTION BEING REQUESTED:

**Established Swimming Pool Drain and Fill**

Drain Date: \_\_\_\_\_ Pool Service: \_\_\_\_\_

Date of Last Drain: \_\_\_\_\_

Reason for Drain:       Structural Repairs       County Health Officer Mandate  
                                  Other \_\_\_\_\_

**\*\*If draining is required for health and safety reasons, additional documentation may be required\*\***

**New / Refurbished Swimming Pool Complete Fill**

Fill Dates: \_\_\_\_\_ Pool Service: \_\_\_\_\_

### **IMPORTANT NOTE**

Short-Term Exemption Permits are only valid on the dates of the approved permit. If anything changes with regard to the dates of the exemption, it is the customer's responsibility to contact Water Conservation to request a date change and/or extension.

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**\*\*\*FOR INTERNAL USE ONLY\*\*\***

## **FINAL DETERMINATION:**

Approved      Exemption Date(s): \_\_\_\_\_

Denied      Reason: \_\_\_\_\_

Additional Comments/Notes:

Name: \_\_\_\_\_

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