

Please PRINT OR TYPE all information. Applications must be received within twenty-one (21) days after an appealable decision has been made pursuant to District Rule 70. To be considered for an appeal hearing, please submit a completed application and include a non-refundable processing fee (\$250 for less than half acre-foot of water, \$500 for half - one acre-foot of water, and \$750 for more than one acre-foot of water, plus \$70.00 an hour for more than 10 hours of staff time); other information as necessary which may include 5 years of water records from purveyor. The Board will support or deny your appeal based on the pertinent information you have provided. Submission of an incomplete application may constitute grounds for denial of your request.

### APPLICATION FOR APPEAL

### **APPLICANT INFORMATION**

App	plicant's Full Name:						
	Mailing Address:						
City:		State:			Zip:		
	Phone Number(s): Work ()	)	Home (	)			
Name of Agent(s) to Represent Applicant:							
	Mailing Address:						
	City:	State:		Zip:			
	Phone Number(s): Work ()						
PROPERTY INFORMATION  1. Full Name of Property Owner:							
	City:		State:		Zip:		
	Phone Number(s): Work (	)		Home (_	)		
2.	Property Address:						
	City:	State	:	Zip:			
3.	Assessor's Parcel Number:						
4.	Property Area: Acres:		Square Feet: _		Other:		
5.	Past Land Use:						
6.	Present Land Use:						
7.	Proposed Land Use:				_		
	Existing buildings? Yes						
	Types of uses and square footage:						

# STATEMENT OF APPEAL REQUEST

\*If additional space is needed for response to any question, please continue on a separate piece of paper and attach it to the back of this application.

ie bi	ack of this application.
1.	From which rule(s) or staff's decision(s) are you requesting an appeal?
2.	Do you feel the rule or staff's decision is applicable in most cases, or do you believe it should be revoked or changed?
3.	What were the circumstances surrounding your decision to appeal?
4.	Please state the special circumstances that distinguish your application from all others which are subject to enforcement of this process.
5.	What difficulties or hardships would result if your appeal request is denied?
6.	What specific action are you requesting that the Board take?
7.	Please indicate if you intend to make a statement at the appeal hearing, and list the names of any other individuals who may speak on your behalf.



## **EXHIBIT 2**

## **PROJECT INFORMATION**

v	per and attach it to the ba	<i>v</i> 1 <i>v</i> 1	please continue on a separate piece of			
1.	Type of Project:	New Construction	Remodel/Addition			
2.	Proposed New Use: (Pl	ease refer to the District's curre assistance with this question.)	nt Fixture Unit/Use Category sheet for			
Re	sidential: No. Dwellings	Total No. Fixture Uni	s (Residential Only)			
Co	mmercial/Industrial/Gove	ernmental: Type of Use:	Square Footage:			
Otł	ner (Specify):					
3.	Current Zoning Classifi	cation:				
	27					
4.	Name of the water com	pany which services the property	:			
5.	Do you feel this project will use less water than that calculated by the District? If so, please explain how much you believe the project will use, and the basis on which you make this assumption.					
6.	Has this project been approved by the local jurisdiction? If so, please list or attach a copy of all conditions which have been imposed on the project. (Attach a copy of these conditions and approvals received.)					
7.	Does the applicant intend to obtain a municipal or county building permit for the project within ninety (90) days following the granting of a water connection permit? If not, when will wate be needed at the site?					
***	*******	********	**********			
		perjury that the information in best of my knowledge and belief	the application and on accompanying			
Sig	gnature of Applicant		Date/Location			

NOTE TO APPLICANT: You may attach written findings for the Board to review and consider in support of the action you have requested.

