

IRRIGATION VARIANCE FORM



City of Altamonte Springs

Contact Information

NAME: _____

PROPERTY ADDRESS: _____

ZIP CODE: _____ PHONE: _____

EMAIL: _____

BUSINESS NAME (if applicable:): _____

START DATE REQUESTED: _____

Please check all that apply:

1. New grass (plugs or sod) in excess of 400 ft. (one pallet of sod) *
2. Significant new landscaping features (large planting areas) *
3. Planting associated with new development
4. Planting associated with code enforcement case

* Items 1 & 2 may require proof of purchase

For Office Use Only:

◆ Your irrigation variance is for a total of 60 days: _____
Please limit watering to the minimum amount necessary for proper establishment of the new landscape planting described above.

◆ During the first 30-day period, you may irrigate new landscaping **any time on any day**. Your initial 30-day period is: _____

◆ During the following 30-day period, you may irrigate new landscaping **every other day during regular watering hours** (before 10:00 am and after 4:00 pm).
Your second 30-day period is: _____

PLEASE NOTE:
Water pressure may be reduced during normal non-watering times:
10:00am - 4:00pm every day, and all day Mondays.

Cross Connection Control
Department of Public Works
407-571-8557 CCC@altamonte.org

Approval Code: _____