



GREEN VALLEY SUD
LAWN VARIANCE APPLICATION
Return request to pmanchack@gvsud.org

Name of Person requesting variance: _____

Contact number: _____

E-mail: _____

Home Builder if applicable. _____

Mailing address: _____

Address for Variance: _____

Date new lawn will be in place: _____

The variance may be rescinded or modified at any time due to changes in water restrictions

FOR DISTRICT USE ONLY

Approved by: _____

Date approved: _____

You may water daily using a sprinkler system for three (3) weeks beginning

_____ Through _____

but only during the specified hours. After 8:00 p.m. and before 10:00 a.m.