WATER CONSERVATION ORDINANCE

ADMINISTRATIVE VARIANCE REQUEST FORM

For requests for limited administrative relief from water use restrictions during applicable water shortage stages.

Important: Submission of this form does not guarantee approval. A variance must be approved by the General Manager or designee before the requested water use may occur. Approved variances may include limits on days, hours, duration, volume, documentation, or other conditions and may be revoked if conditions are violated.

Be sure to fill in all areas in blue that are applicable

1. Applicant Information

Applicant Name	
Business/ Organization Name If applicable	
Phone Number	
Email	
Mailing Address	
City/ State/ Zip	

2. Location Where Requested Water Use Will Occur

Service/ Property Address	
City/ Zip	
Account Number, If Known	
Is this location different from the applicant address?	☐Yes ☐No

Submittal Guidelines

- In person at 715 Polkville Road Shelby, NC 28150
- By mail at PO Box 8 Shelby, NC 28151
- By email to water.questionnaires@clevelandcountywater.com
- Please allow up to 10 business days for processing

3. Variance Category Requested

Check the category that best describes the requested use. Complete the category-specific information in Section 4.

Category	Description/ Applicability
☐ Newly installed lawns and landscaping *Complete section 4A*	Watering of newly installed sod, seed, plantings, or landscaping installed, or under contract for installation, prior to the Stage 2 declaration. Temporary approval may be considered for plant establishment only
☐ Fire department training *Complete section 4B*	Water used by a fire department or public safety agency for training, equipment testing, or maintaining firefighting readiness.
☐ Legally required activities *Complete section 4C*	Water use required by federal, state, or local law, rule, permit condition, or court order, including discharge permit compliance, flushing or testing programs, or other mandated activities.
☐ Correction of unsanitary or unsafe conditions *Complete section 4D*	Water use is necessary to address imminent public health or safety risk, including sewage overflows, contaminated surfaces, vector concerns, or sanitation hazards.
☐ Pressure washing of business establishment *Complete section 4E*	Pressure washing is needed for health, safety, and franchise. compliance, or to remove hazardous accumulations such as grease, mold, biological matter, or slip/fall hazards.
☐ Pressure washing business *Complete section 4F*	Registered pressure washing businesses operating under Stage 2 conditions while minimizing water waste and coordinating with clients to balance other approved water uses at the location.
☐ Other similar use *Complete section 4G*	A use determined by the General Manager or designee to be substantially similar in character and necessity to the listed categories.

4. Category- Specific Information and Required Evidence

Complete only the subsection that applies to the variance category selected above.

4a. Newly Installed Lawns and Landscaping

Type of Installation	☐ Sod ☐ Seed ☐ Plantings ☐ Landscaping ☐ Other:
Was installation completed or under contract before Stage 2 declaration?	☐ Yes ☐ No
Date installed or under contract	
Evidence Attached	☐ Contract ☐ Invoice ☐ Work Order ☐ Time Stamped Photos ☐ Other:
Requested Watering Variance	Start Date: End Date: Start Time: End Time:

4b. Fire Department Training

Fire Department/ Agency Name	
Purpose of Water Use	☐ Training ☐ Equipment Testing ☐ Maintenance/ Readiness ☐ Other:
Requested Dates/ Hours	Start Date: End Date: Start Time: End Time:
Location of Training	

4c. Legally Required Activities

Law, Rule, Permit Condition, Order, or Requirement	
Issuing Agency/ Authority	
Required Activity	
Required Completion Date or Schedule	Start Date: End Date: Start Time: End Time:
Supporting Document Attached	☐ Permit ☐ Inspection Report ☐ Order ☐ Rule Citation ☐ Other:
Representative Requiring Activity	Name: Title/ Department:

4d. Correction of Unsanitary or Unsafe Conditions

Condition to be Corrected	☐ Sewage Overflow ☐ Contamination of Services ☐ Other:
Who Identified the Condition	☐ Public Utilities ☐ Health Department ☐ Other Agency:
Description of Health or Safety Risk	
Supporting Document Attached	☐ Inspection Report ☐ Photos ☐ Work Order ☐ Other:

4e. Pressure Washing of Business Establishment

Business Establishment Name	
Reason Variance is Requested	☐ Health Requirement ☐ Safety Requirement ☐ Franchise Requirement ☐ Hazardous Accumulation
Specific Requirement or Hazard	
Type of Hazardous Accumulation, if applicable	☐ Grease ☐ Mold ☐ Biological Matter ☐ Slip/ Fall Hazard ☐ Other:
Supporting Evidence Attached	☐ Franchise Standard ☐ Inspection Report ☐ Photos ☐ Work Order ☐ Other:
Requested Dates/ Hours	Start Date: End Date: Start Time: End Time:

4f. Pressure Washing Business

Pressure Washing Business Name	
Secretary of State Identification Number (SOSID)	
Registered Agent/ Owner, if known	
Business Phone/ email	
Description of Water Conservation Measures	

4g. Other Similar Use

Describe Purposed Use	
Explain how the use is substantially similar in character and necessity to an eligible category	
Supporting Evidence Attached	☐ Yes ☐ No

5. Applicant Certification

I certify that the information provided in this request is true and accurate to the best of my knowledge. I understand that approval of a variance is limited to the specific category, location, conditions, and time period approved by Cleveland County Water. I understand that the variance may be revoked if the conditions of approval are violated or if continuation is inconsistent with the applicable water shortage stage.

Applicant Signature	
Printed Name	
Date	

For Internal Use Only

Fill in all Blue areas if applicable

Date Received:	Received By:
Request Status	☐ Approved ☐ Approved with Conditions ☐ Rejected
Approval Conditions/ Reason for Rejection	
General Manager/ Designee	Printed Name: Signature:
Decision Date	

Internal Review

SOSNC Website Reviewed	☐ Yes ☐ No Date Reviewed: _____
SOSID Verified	☐ Yes ☐ No
Entity Status Shown on sosnc.gov	☐ Current- Active ☐ Not Current- Active ☐ Not Found ☐ Other:
Reviewed By	Printed Name: Signature:
Notes	

Approval Conditions, if applicable

Approved Category	
Approved Location	
Approved Dates/ Expiration	
Approved Days/ Hours	
Volume, Duration, or other limits	
Required Documentation to Maintain	
Additional Conditions	

Variance expiration and revocation: A variance is valid only for the duration of the water shortage stage during which it was issued, or for a shorter period stated in the approval. It automatically expires when restrictions are lifted or reduced, unless earlier revoked. The General Manager or designee may revoke a variance if approval conditions are violated or if continuation conflicts with the applicable water shortage stage requirements.

Appeal Acknowledgment

An applicant whose request is denied, or who is aggrieved by conditions placed upon or revocation of a variance, may submit a written appeal to the General Manager within ten (10) business days of the written decision. Filing an appeal does not stay the underlying water shortage restrictions unless expressly granted by the General Manager.