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## 900 E. QUINCY, SAN ANTONIO, TEXAS 78215

(210) 222-2204 or 1-800-292-1047 Fax (210) 222-9869

## VARIANCE APPLICATION – CHAPTER 715 SUBCHAPTER E

## **Instructions:**

This application is to be completed by anyone seeking a variance from EDWARDS AQUIFER AUTHORITY RULES Chapter 715, via the variance process detailed in §715.10 through §715.16. The application must be **completed, signed and notarized** before it can be processed by the EAA. <u>Please complete all sections of this application in blue or black ink and supply the documentation requested below.</u> Partial applications will be returned to the applicant for completion. Please keep a copy of the application for your records.

## **PART I - APPLICANT INFORMATION:**

Please provide the following information (attach additional pages if needed):

Applicant seeking the variance from EAA rule(s):				
Applicant Name:				
Physical Address: (Street)		_(City)		_ (Zip)
Mailing Address: (Street)	(City) _		_ (State)	_ (Zip)
Contact Phone No.: ( )	Contact Email:			
If the Applicant designates a third party as his/her authout the authorized representative:	norized representative,	please provide	the following	information
Contact Name:			<del></del>	
Description of relationship to applicant (agen	t, officer, attorney,	etc.):		
Contact Phone No.: ( )	Contact Email:			
Contact Mailing Address: (Street)	(City)	· <del></del>	(State) _	(Zip)
Provide the <b>specific rule(s)</b> which you seek variance should be granted.	variance from and	d a detailed e	xplanation	as to why the
	Applicant Name:  Physical Address: (Street)  Mailing Address: (Street)  Contact Phone No.: ( )  If the Applicant designates a third party as his/her authout the authorized representative:  Contact Name:  Description of relationship to applicant (agent Contact Phone No.: ( )  Contact Mailing Address: (Street)  RT II - RULE VARIANCE:  Provide the specific rule(s) which you seek	Applicant Name:  Physical Address: (Street)  Mailing Address: (Street)  Contact Phone No.: ( ) Contact Email:  If the Applicant designates a third party as his/her authorized representative, out the authorized representative:  Contact Name:  Description of relationship to applicant (agent, officer, attorney, Contact Phone No.: ( ) Contact Email:  Contact Mailing Address: (Street) (City)  IRT II - Rule Variance:  Provide the specific rule(s) which you seek variance from and	Applicant Name:	Applicant Name:  Physical Address: (Street)  Mailing Address: (Street)  Contact Phone No.: ( )  If the Applicant designates a third party as his/her authorized representative, please provide the following out the authorized representative:  Contact Name:  Description of relationship to applicant (agent, officer, attorney, etc.):  Contact Phone No.: ( )  Contact Email:  Contact Mailing Address: (Street)  (City)  (State)  ART II – RULE VARIANCE:  Provide the specific rule(s) which you seek variance from and a detailed explanation

Signed by:	Date:			
Printed Name:				
PART III – APPLICANT'S CERTIFICATION:				
I hereby certify that the information provided herein is tr	ue and accurate.			
Signature of Applicant or Authorized Representative:	Date			
Co-Signature of Applicant, if any:	Date			
State of Texas				
County of				
Before me, a notary public, on this day personally appeare	ed, known to me to be the person whose			
name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements herein				
contained are true and correct.				
Sworn to and subscribed before me on this day of, 20				
Notary Public's Signature				