



MWS Project No. -V-

Variance Request Form

DATE: _____

Metro Water Services (MWS) requires that meters be installed on or near the property line and right-of-way. MWS also requires backflow devices to be immediately behind the meter. This form is to request considerations outside MWS policy. NOTE: If this variance is approved, requestor agrees to hold Metro Water Services harmless should any damage occur to any part of this property by virtue of this agreement.

The following is to be completed by owner or their designee (verification of designee status may be required)

Project Name: _____
 Owner of Property: _____ Address of Property: _____
 Contact Name: _____ Contact Phone: _____
 Contact E-mail: _____ Fax Number: _____
 Map and Parcel: _____ Building Permit: _____

Category of Property Use (please check all that apply and add any text necessary)

Commercial Retail Housing Mixed Use Industrial Other _____

Type of Variance (please check all that apply and add any text necessary)

Meter Backflow Location Exemption Accessibility Status Shared Sewer
 Other _____

Type of Service (please check all that apply)

New Existing Replacement Fire Domestic Irrigation Water Combination
 Sewer Combination Other _____

Please complete the following details as applicable – these may require a field visit by MWS representative

Distance from main to meter: _____ Distance from meter to backflow device **: _____

****Note: MWS requires pipe material from meter to backflow device to be one of the following: Copper, Brass, CL52 Dip, or PEX**

Present service line material: _____ Proposed location of device: _____

Will device be available for testing/inspection at all times? Yes No Reason _____

Topographic description (such as under landscaped area, permanent structures, paving, etc): _____

Note: If variance is granted, owner will be responsible for surface restoration on property for any corrective work performed. MWS will only work inside dedicated easements or right-of-way.

Reason for exemption request: _____

Comments: _____

(MWS to complete)

Date Submitted: _____ Date Reviewed _____ Status: Approved Unapproved

Comments: _____



Company or Owner Name: _____

Date: _____

Metro Water Services
Development Services Center
800 Second Avenue South
P.O. Box 196300
Nashville, TN 37219

RE: LETTER OF RESPONSIBILITY

This is to request that in accordance with a variance approval, the associated owner, home owners association, or organization ("Owner") will assume all responsibility for the following:

Located at _____

If the requested variance involves shared use of a sewer tap by two or more residences in a horizontal property regime, all of the lines, fittings and appurtenances upstream of the tap will be privately owned and not the responsibility of the Metropolitan Government to repair or maintain. If the requested variance involves water devices located in a mechanical room, then all water appurtenances located in that room will be privately owned and not the responsibility of the Metropolitan Government to repair or maintain. As a condition of approval of the variance, applicant and Owner shall indemnify and hold the Metropolitan Government and its employees, officers and representatives harmless against all claims, costs and damages relating to the variance in standard procedure or installation as described herein. In the event applicant and Owner fail to repair or replace the Private Lines when necessary to protect public health, the Metropolitan Government shall have the right to make the repairs and recover the cost of such work from Owner and the owners of the individual residences served by the Private Lines. A copy of this document may be filed with the Register of Deeds for Davidson County with the property records for each lot or separate residence affected by the variance.

The following contact information is provided at your request:

Name of Contact _____

Address _____

Phone Number _____ Fax Number _____

Email _____

Signature of Responsible Party _____

Sworn to and subscribed before me this ___ day of _____, 20____

Notary Public: _____ My commission expires: _____