



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 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: In all cases, MWS requires pipe material from meter to backflow device to be one of the following: Copper, Brass, CL52 Dip**

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: _____