

Bernalillo County  
Natural Resource Services  
415 Silver Ave SW, 5<sup>th</sup> Floor  
Albuquerque, NM 87102  
Phone (505) 314-0375  
Fax (505) 462-9833



**Office use only**

Permit No. NRWW \_\_\_\_\_  
Receipt Number \_\_\_\_\_  
Fee \$100.00   
Application Complete:  Yes  No  
Reviewed by \_\_\_\_\_  
Date \_\_\_\_\_

## Wastewater Variance Application

### Property Owner

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email \_\_\_\_\_ Fax Number \_\_\_\_\_

### Applicant

Authorization Statement Included

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email \_\_\_\_\_ Fax Number \_\_\_\_\_

### Location

Site Address \_\_\_\_\_  
Legal Description \_\_\_\_\_  
UPC \_\_\_\_\_ Pin# \_\_\_\_\_  
Zone Atlas Page \_\_\_\_\_ Lot Size \_\_\_\_\_ Zoning Designation \_\_\_\_\_

### Variance of Code

Section of Wastewater Ordinance 2021-06 for which a variance is requested: \_\_\_\_\_

Proof of neighboring property owner notification attached

Which type of sewage disposal that exists onsite as of the date of this application:

Wastewater System # \_\_\_\_\_  Community Wastewater System # \_\_\_\_\_

Sewer # \_\_\_\_\_  None \_\_\_\_\_

### Source of Water

Individual or  Shared Well Well Permit Number \_\_\_\_\_

Public Water Supply Public Water Name & Acct. # \_\_\_\_\_

Hauled Water Hauling Water Co. Name \_\_\_\_\_

Briefly describe the alternative method or means of complying with the specific requirement in the Ordinance

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Continue to Page 2

Describe how the proposed method will comply with the intent of the specific requirement in the code

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***This application must be accompanied by the following:***

- Proof of neighbor notification
- A copy of the Zone Atlas page with the property identified
- Any other supporting documentation

The foregoing information and the attached documentation are true and correct to the best of my knowledge. I understand the issuing of this permit does not relieve me from the responsibility of complying with all regulations. Obtaining the permit does not relieve me from the responsibility of obtaining any permits required by State, County, or City regulations or ordinances or other requirements of State and Federal law.

Property Owner's Name \_\_\_\_\_ Date \_\_\_\_\_

Property Owner's Signature \_\_\_\_\_

Authorized Representative's Name \_\_\_\_\_ Date \_\_\_\_\_

Authorized Representative's Signature \_\_\_\_\_