



Irrigation Permit

Job Address:		Date:	
Owner:	Address:	Phone:	
Contractor:	Address:	Phone:	
Residential <input type="checkbox"/>		Commercial <input type="checkbox"/>	
Install New System <input type="checkbox"/>		Repair/Alter Existing System <input type="checkbox"/>	
Describe Work:			
Number of Sprinkler Heads:		Valuation: \$	
PERMIT WILL NOT BE ACCEPTED WITHOUT A COMPLETE SET OF PLANS FOR REVIEW.			
<p>I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE PROVIDED INFORMATION TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT, THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.</p> <p>Printed Name: _____</p> <p>Signature: _____</p>			
Office Use Only			
Inspection Dept	Signature	Approved?	Date
Backflow Control Officer		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Planning and Zoning Manager		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Special Conditions:			