



6800 Main Street, The Colony, TX 75056  
Phone 972-624-3158

## Irrigation Permit Application

Permit #:	_____	Date:	_____
Disk Provided:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Irrigator:	<input type="checkbox"/> Reg	<input type="checkbox"/> Not Reg	<input type="checkbox"/> Lic exp
Backflow:	<input type="checkbox"/> Reg	<input type="checkbox"/> Not Reg	<input type="checkbox"/> Lic exp

**THIS APPLICATION IS FOR COMMERCIAL OR RESIDENTIAL LAWN SPRINKLERS.**  
Incomplete application and/or submittal will delay the review process.

Three (3) full sets of plans AND an electronic .pdf, .jpg or .tif formatted disk of the plans are required to be submitted with application.  
If electronic version is not provided, archiving fees will be assessed.

(\$50.00 SUBMITTAL FEE-ALL OTHER FEES ASSESSED DURING REVIEW)

Commercial       Residential       New Installation       Addition       Repair

Job Address: \_\_\_\_\_

Description of work: \_\_\_\_\_ Valuation of work: \_\_\_\_\_

**Sprinkler Information:**

Water Meter:       New       Existing      Size \_\_\_\_\_  
Type of Assembly:       Reduced pressure       Pressure vacuum breaker       Double check       Atmospheric vacuum breaker

**Contact person:**       Applicant       Property Owner       Irrigator

Name of applicant \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**Property Owner**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Irrigator**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Backflow Tester**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*I hereby certify that I have the authority to make the necessary application; that all information in this application is correct and all work will comply with the most recently adopted International Building Codes and all other applicable state and local laws, ordinances, and regulations.*

Applicant / Agent Name (PRINT) \_\_\_\_\_

Applicant / Agent Signature \_\_\_\_\_ Date \_\_\_\_\_