



IRRIGATION PERMIT APPLICATION

Physical Address/Intersection:		DL:		Within a NFIP Floodway: YES NO	
Abstract/Addition:	Acres/Block:	Lot(s):	Applicant/Owner Phone Number:		
Applicant/Owner:			Applicant/Owner E-mail:		
Mailing Address:		City:	State:	Zip:	
Property Owner's Name	Property Owner's Phone Number	Property Owner's Mailing Address & Zip		<i>VALUATION (PARTS & LABOR)</i>	

CLASS OF WORK	WATER SOURCE	DESIGN PRESSURE	MAIN LINE
<input type="checkbox"/> NEW	<input type="checkbox"/> Building Supply	<input type="checkbox"/> PSI	<input type="checkbox"/> Material Type: _____
<input type="checkbox"/> ADDITION	<input type="checkbox"/> Irrigation Meter	VALVES	
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> Size: _____	<input type="checkbox"/> Isolation (10 ^{ft} from meter maximum)	<input type="checkbox"/> Size: _____
<input type="checkbox"/> REPAIR	BACKFLOW PREVENTION DEVICE		LATERAL LINES
<input type="checkbox"/> Manu.-	<input type="checkbox"/> Location (10 ^{ft} from meter maximum)	<input type="checkbox"/> Y-Strainer	<input type="checkbox"/> Material Type: _____
	<input type="checkbox"/> Serial#	<input type="checkbox"/> Type: _____	<input type="checkbox"/> Size: _____
		PRESSURE REGULATOR REQUIRED	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	ELECTRICAL SPLICES
			<input type="checkbox"/> Number: _____

Irrigation Contractor's Name	Irrigation Contractor's Phone #	Irrigation Contractor's Mailing Address	Texas Contractor's License #
Electrical/Ele. Sign Contractor's Name	Electrical Contractor's Phone #	Electrical Contractor's Mailing Address	Texas Contractor's License #
Other's Name	Other's Phone #	Other's Mailing Address	Texas Other's License #

Backflow Device is to be installed to manufacturer recommendations, information, and State & Local Code.

EXPIRATION

The permit shall expire by limitation and become null and void if the work authorized by the permit is not commenced within six months from the date of issuance of the permit.

1. Before work can be recommenced, a new permit must be obtained.
2. The fee for the subsequent permit shall be one-half of the amount required for the original permit, provided no changes have been made in the original plan specifications for the work and that the suspension or abandonment has not exceeded one year.

INCLUDED WITH APPLICATION

(Please refer to back page for reference)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Site Plan | <input type="checkbox"/> Location of Backflow |
| <input type="checkbox"/> Digital Plan | <input type="checkbox"/> Rain & Freeze Sensor |
| | <input type="checkbox"/> ISO Valve |

CITY OF STEPHENVILLE USE ONLY

Received	___/___/___	___ .m.
Approved	___/___/___	___ .m.
Contacted	___/___/___	___ .m.
Current Zoning Classification	_____	

NOTICE – PLEASE READ BEFORE SIGNING

A minimum 48-hour review period begins at 9:00 a.m. on the day following receipt of this application. No work shall be performed, nor any accepted until a permit has been issued.

Applicant Signature:	Applicants Name (Print):	Date:
----------------------	--------------------------	-------

DETAIL SHEET