



IRRIGATION PERMIT APPLICATION

PROPERTY OWNER INFORMATION

| | |
|---------------------|---------|
| Owner Contact Name: | |
| Owner Address: | Ste. #: |
| City/State/Zip: | |
| Email: | Phone: |

IRRIGATION CONTRACTOR INFORMATION

| | |
|---------------------|---------|
| Contractor Name: | |
| Contractor Address: | Ste. #: |
| City/State/Zip: | |
| Email: | Phone: |

BACKFLOW TESTER INFORMATION

| | |
|--------|--|
| Name: | |
| Phone: | |

| | | |
|---------------------|-------------|--|
| Construction Value: | Meter Size: | Check One: <input type="checkbox"/> Existing Domestic Meter <input type="checkbox"/> Separate Irrigation Meter |
|---------------------|-------------|--|

UNIT FEE SCHEDULE

| | | |
|-------------------------------|---------------------------|----------|
| Residential Irrigation Permit | | \$ 50.00 |
| Commercial Irrigation Fees | Underground Vault | \$ 75.00 |
| Commercial Irrigation Fees | 1-250 sprinkler heads | \$ 30.00 |
| Commercial Irrigation Fees | 251-1,000 sprinkler heads | \$ 65.00 |

Test report of backflow device-Backflow report must be submitted to SC Tracking prior to expiration of permit.

I hereby certify that the irrigation contractor applying for this permit is the contractor performing the work. I also certify the foregoing to be correct to the best of my knowledge. I also agree the said work shall be performed in conformance with the information herein set forth and in compliance with the City of Roanoke codes regulating plumbing and sprinkler system requirements and TCEQ requirements.

Print Name: _____

Signature: _____ Date: _____

Permit Fee: \$ _____

Please submit to permits@roanoketexas.com with supporting documents.

City of Roanoke | 500 S. Oak Street | Roanoke, TX 76262 | 817-490-1308