



ArlingtonPermits.com  
THE ONE STOP CENTER

# Irrigation Permit

(DO NOT FAX OR E-MAIL APPLICATION)  
Please print clearly



Applicant's Name\*: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Best way to deliver plan review comments: (check only one):  Email  Fax

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*A legible copy of a current government photo ID is required to be submitted by the applicant.

Project Address: \_\_\_\_\_ Suite: \_\_\_\_\_

Select a **property category**. Please check only one:

- Residential, 1- & 2-family  Commercial

Select a **category**. Please check only one:

- New Potable Water Irrigation System *(complete Plumbing Permit on page 2)*  
 Addition of Potable Water Irrigation Head(s) and/or Zone(s)  
 New Reclaimed Water Irrigation System *(complete Plumbing Permit on page 2)*  
 Addition of Reclaimed Water Irrigation Head(s) and/or Zone(s)  
 Conversion of Reclaimed/Potable Water Irrigation System

For **all applications**, complete the following:

- What is the estimated value of the work? \$ \_\_\_\_\_  
 What is the design water pressure in "psig"? \_\_\_\_\_ psig  
 Are you installing a pressure regulating device? \_\_\_ Yes \_\_\_ No  
 List the number of irrigation zone valves. \_\_\_\_\_  
 List the number of irrigation heads. \_\_\_\_\_

For **new irrigation systems**, select the backflow prevention device being installed (select one only):

- Double Check Backflow Prevention Device  Atmospheric Vacuum Breaker  
 Reduced Pressure Backflow Prevention Device  Pressure Vacuum Breaker

For **Residential, 1- & 2-family properties**, is the new irrigation system or addition to be installed by the homeowner? \_\_\_ Yes \_\_\_ No *(If yes, homeowner must register as a Homeowner Contractor)*

I hereby certify that I have read and examined this application and know the same 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 ordinances regulating construction, the performance of construction or the use of any land or buildings.

Print Name of Permit Applicant \_\_\_\_\_ DATE \_\_\_\_\_

Signature of Permit Applicant \_\_\_\_\_

Applicant is \_\_\_ Contractor, \_\_\_ Homeowner or \_\_\_ Authorized Agent



# Plumbing Permit

(DO NOT FAX OR E-MAIL APPLICATION)  
Please print clearly



To install the backflow prevention device required for a **New Irrigation System**, a **Plumbing Permit** is required.

Applicant's Name\*: \_\_\_\_\_

(If applicant is the same as on the Irrigation Permit, it is only necessary to provide the applicant's name. Skip to "Project Address," provide the project address and complete the remainder of the application).

Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Best way to deliver plan review comments: (check only one):  Email  Fax

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*A legible copy of a current government photo ID is required to be submitted by the applicant.

Project Address: \_\_\_\_\_ Suite: \_\_\_\_\_

How many **Backflow Prevention Device(s)** will be installed outdoors? \_\_\_\_\_

I hereby certify that I have read and examined this application and know the same 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 ordinances regulating construction, the performance of construction or the use of any land or buildings.

Print Name of Permit Applicant \_\_\_\_\_ DATE \_\_\_\_\_

Signature of Permit Applicant \_\_\_\_\_

Applicant is \_\_\_ Contractor, \_\_\_ Homeowner or \_\_\_ Authorized Agent