Irrigation Construction Permit Application

	New System Installation
	Modification/Repair Permit #
	Residential: Single Family / Multi-Family / Condominium /Apartment Complex
	Commercial Application Date:
Property / Owner Information	
Ov	vner's Name:
Owner's Street Address:	
Owner's City, State, Zip:	
Project Street Address:	
Cit	zy: Zip Code: Parcel #:
Su	bdivision Name: Lot Number:
	Contractor/ Company Information
Irr	igation Contractor Name: License #:
Со	mpany Name:
Со	mpany Address:
Со	mpany City, State, Zip:
Со	ntractor's Phone: E-Mail Address:
	Irrigation System Information
Est	# Zones: Chemical Feeders: Yes / No Digital Timer/Controller: Yes / No
Wa	ter Source: Irr. Well / Reclaimed Water / Potable City Water / Surface Water / Other
Backflow Prevention Device: PVB / AVB / RPZ / D C Valve or Reduced Pressure Valve	
*Check with municipality as to whether they require backflow prevention on reclaim water lines.	
	essure Regulating/Compensating Heads Manufacturer: Model:
	nin Senor Location: % High Vol: % Med. Vol: % Low Vol. or no irr:
I certify that the proposed irrigation system will be designed and installed in accordance with the Volusia County Code	
Of (ordinances chapters 50 and 74.

Date

Owner/ Authorized Agent Signature