IRRIGATION SYSTEM (SPRINKLER) PERMIT

PLEASE PRINT CC Permit NO._____

Job Address:_____Bld Permit # (if applicable)_____

Owner: _____ Phone Number: _____

Contractor Performing Installation: Company Name: _____

Address: _____

City:_____ ST:_____ Zip:_____

Name of Certified Tester: _____

Certified By: _____ Cert No: _____

Outagamie County Plumbing License # _____

Job Description

Backflow Device for (ie irrigation, exact appliance, fire suppression)_____

Backflow Device Make/Model_____Define Type: (ie RpZ)_____

Where will Inspector Find Device Installed:_____

Please attach a drawing of lines/sprinkler heads placement, as to show no intrusion on Town Right-of-Way or Town Easement- Per Town of Greenville Ordinance #43. The Town shall not be liable for any damage to an Irrigation system placed on Town Right-of-Way or Town Easement.

I hereby affirm that the information contained herein is true and correct to the best of my knowledge and agree to confirm to all the regulations of the Town of Greenville covering this type of permit. I understand failure to comply with these provisions may result in the revocation of the permit.

Applicant Signature: _____