



# Irrigation Permit Application

401 S. Alamo St., Marshall, TX  
PO Box 698, Marshall, TX 75671  
P: (903) 935-4455  
Fax: (903) 935-4409

Permit #:	_____	Date:	_____
Plans Provided:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Irrigator:	<input type="checkbox"/> Reg	<input type="checkbox"/> Not Reg	<input type="checkbox"/> Lic exp
Backflow:	<input type="checkbox"/> Reg	<input type="checkbox"/> Not Reg	<input type="checkbox"/> Lic exp

**THIS APPLICATION IS FOR COMMERCIAL OR RESIDENTIAL LAWN SPRINKLERS.**

Commercial     Residential     New Installation     Addition     Repair

Job Address: \_\_\_\_\_

Description of work: \_\_\_\_\_ Valuation of Work: \_\_\_\_\_

<b>Sprinkler Information:</b>				
Water Meter:	<input type="checkbox"/> New	<input type="checkbox"/> Existing	Size	_____
Type of Assembly:	<input type="checkbox"/> Reduced pressure	<input type="checkbox"/> Pressure vacuum breaker	<input type="checkbox"/> Double check	<input type="checkbox"/> Atmospheric vacuum breaker

**Contact person:**                     Applicant                     Property Owner                     Irrigator

Name of applicant \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**Property Owner**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Irrigator**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Backflow Tester**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*I hereby certify that I have the authority to make the necessary application; that all information in this application is correct and all work will comply with the most recently adopted International Building Codes and all other applicable state and local laws, ordinances, and regulations.*

Applicant / Agent Name (PRINT) \_\_\_\_\_  
Applicant / Agent Signature \_\_\_\_\_ Date \_\_\_\_\_