



Water Wise Irrigation Permit Application

DATE: _____ PERMIT # _____ FEE AMOUNT PAID _____ RECEIPT # _____

- New Home Existing Home Incorporated (in city limits) Unincorporated (county)
- New System Repair Modification Addition

Property/Owner Information

Tax Parcel #: _____

Owners Name: _____

Owners Street Address: _____

Owners City, State, Zip: _____, _____, _____

Owners Phone: _____

Project Address: _____ City: _____ Subdivision: _____

Directions To The Property (Physical Location): _____

Contractor Information

Contractor Name: _____ License #: _____

Company Name: _____

Company Street Address: _____

Company City, State, Zip: _____, _____, _____

Company Fax: _____ Contractor Phone/Mobile: _____

Irrigation System Information

Total Number of Zones _____ Will Chemicals Be Introduced? Yes No Automatic Timing Device

Water Well Community/City Supply Lake Reclaimed Other

Atmospheric Vacuum Breaker Pressure Vacuum Breaker

Reduced Pressure Double Check Valve Assembly

Electric Valve Manual Valve Other Pump Tank Yes No

Pressure Regulating Spray Head Manufacturer _____ and Model No _____

I certify that the proposed irrigation system will be designed and installed in compliance with the Volusia County Water Wise Ordinance 2004-05

OWNER/AUTHORIZED AGENT SIGNATURE _____ DATE _____