



Permit Number

# APPLICATION

## IRRIGATION PERMIT

### Requirements

Your application **will not be accepted** if any of the below items are missing or incomplete. Incomplete applications will be returned and any paid fees are nonrefundable. Applications are processed within ten business days. To check the status of a permit, please email [permits@cityofkennedale.com](mailto:permits@cityofkennedale.com) and include the property address and permit type.

- Contractor registered with Arlington – please email [permits@cityofkennedale.com](mailto:permits@cityofkennedale.com) for more information
- Completed, **legible**, signed application form

### Applicant Information *(Serves as primary contact for this permit)*

Applicant Name: \_\_\_\_\_

Applicant Title: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Applicant Email: \_\_\_\_\_

### Project Information

Property Address: \_\_\_\_\_

Property Legal Description: \_\_\_\_\_

Addition/Subdivision: \_\_\_\_\_

Existing Domestic     Separate Irrigation Meter

Meter Size: \_\_\_\_\_ Scope of Work: \_\_\_\_\_

\_\_\_\_\_

Residential     Commercial     Industrial    Construction Value: \_\_\_\_\_

### Contractor Information

Contractor Name: \_\_\_\_\_

Contractor Company: \_\_\_\_\_

Contractor Phone: \_\_\_\_\_ Contractor Email: \_\_\_\_\_

### Applicant Agreement

*By signing below, I acknowledge that I have read and completed all applicable requirements. I understand that if I have submitted an incomplete or false application, my application may be rejected and that the fee is nonrefundable.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_