



IRRIGATION PERMIT APPLICATION

510-B Pioneer Street / PO Box 608
Ridgefield, WA 98642
Tel: (360) 887-3908/ Fax: (360) 887-0861
www.ci.ridgefield.wa.us

| |
|------------------------|
| OFFICE USE ONLY |
| FILE # |
| FILE NAMES |
| RECEIVED BY |
| FEE PAID |
| DATE SUBMITTED |

APPLICANT INFORMATION

OWNER: Check box if contact

Name _____

Address _____

City, State, ZIP _____

Phone _____ Fax _____ Email _____

APPLICANT: Check box if contact

Name _____

Address _____ City, State, ZIP _____

Phone _____ Fax _____ Email _____

CONTRACTOR: Check box if contact

Name _____

Address _____ City, State, ZIP _____

Phone _____ Fax _____ Email _____

Contractors License # _____ Exp. Date _____

City Business License # _____ Exp. Date _____

PROPERTY INFORMATION (REQUIRED)

Site address _____ Subdivision _____ Parcel # _____

Public water meter size _____ Residential Commercial

By affixing my signature hereto, I certify under penalty of perjury that the information furnished herein is true and correct to the best of my knowledge and that I am the owner of the premises where the work is to be performed or am acting as the owner's authorized agent. I further agree to hold harmless the City as to any claim (including costs, expenses and attorney's fees incurred in investigation of such claim) which may be made by any person, including the undersigned, an filed against the City, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information provided to the City as a part of this application. The building official may, in writing, suspend or revoke a permit issued under the provisions of this code whenever a permit is issued in error or on the basis of incorrect information supplied, or in violation of any ordinance or regulation or any of the provisions of this code.

Signature of Owner/Authorized Agent _____ Date _____

(Original signature required)