

**City of Lawrence Utilities**  
**9105 East 56<sup>th</sup> Street, Suite D**  
**Lawrence, IN 46216; Ph: (317) 542-0511**

**Permit Number:** \_\_\_\_\_  
**Utility Account No.** \_\_\_\_\_

**IRRIGATION APPLICATION**

Application & Assessment fee paid on \_\_\_\_\_

Receipt # \_\_\_\_\_

Approved by: \_\_\_\_\_

Approved on: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>LOCATION OF IRRIGATION ACTIVITY</b>			
<b>Subdivision:</b>		<b>Lot Number</b>	
<b>Common Address</b>			
<b>OWNER OF THE PROPERTY WHERE IRRIGATION ACTIVITY IS TO BE CARRIED OUT</b>			
<b>Last</b>	<b>First</b>	<b>Middle</b>	
<b>Address:</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Telephone Number</b>
<b>NATURE OF LAND DEVELOPMENT REQUIRING IRRIGATION WORK</b>			
<input type="checkbox"/> New Structure <input type="checkbox"/> Existing Structure <input type="checkbox"/> Modification of Existing System <input type="checkbox"/> Landscaping Only <input type="checkbox"/> Other (specify)			
<b>USE OF PROPERTY</b>			
<input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Other (specify)			
System on a dedicated water Meter? <input type="checkbox"/> Yes <input type="checkbox"/> No    Est. Value of Improvement: \$ _____			
USC approved Backflow device make: _____ model: _____			
<b>APPLICANT FOR CONTRACTOR:</b>			
<b>Contact Persons Name</b>		<b>Business Name</b>	
<b>Business Address</b>			
<b>City, State Zip</b>		<b>Business Telephone</b>	<b>Lawrence License #</b>
		Fax:	

***All irrigation systems must be inspected prior to being placed in service for an appointment call 542-0511.***