

**CITY OF PENDLETON, OREGON
 SPRINKLER/IRRIGATION SYSTEM
 PERMIT APPLICATION**

Permit No. _____

Total Permit Fee: _____

Job Address _____

Owner _____	Mail Address _____	Zip _____	Phone _____
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Contractor _____	Mail Address _____	Phone _____	License No. _____
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Class of Work _____	NEW	ALTERATION	REPAIR	REMOVE
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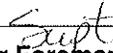
SPECIAL CONDITIONS: Plans must be filled at the time of Permit issuance

Plans Checked By: _____

Location, Size, Model # and Type of Backflow Preventor _____

NOTICE:

This permit becomes null and void if work or construction authorized is not commenced within 180 days or abandoned for a period of 180 days at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions or any other state or local law regulating sprinkler/irrigation systems.


 (FOR INSPECTIONS, Call Water Foreman 276-3078)

Signature of Contractor of Authorized Agent _____

Date _____

Signature of Owner _____

Date _____

WHEN PROPERLY VALIDATED IN THIS SPACE, THIS IS YOUR PERMIT

PERMIT VALIDATION	CK	MO	CASH	WORK COMPLETED: FINAL INSPECTION:
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Date _____