

Date Stamp

TOWN OF CARY

316 N. Academy Street, Cary, NC 27513
P.O. Box 8005, Cary, NC 27512-8005
PH- (919) 469-4340 Fax- (919) 462-3840

Date Received

Permit #

IRRIGATION PERMIT APPLICATION

Area- Potable Northern Reclaimed Southern Reclaimed Western Reclaimed
Source- Potable Reclaimed Future Reclaimed / Presently Potable Private Well Cistern Pond

SITE INFORMATION *

Lot/Suite # Street Address:
Total Proposed Irrigated Square Footage: Total Estimated Cost \$
APPROVED SITE PLANS RECEIVED # WAKE COUNTY WELL PERMIT #

Table with 4 columns: Utilities Requested: POTABLE, Utilities Requested: RECLAIMED, 1" Minimum. Rows include Water Meter Size, Meter Box, Pavement Cut Required, Tap, Bore Required.

Name of Subdivision/or Business: Type of Business:
New Installation Remodel/Addition/Alteration RPZ Repair / Replacement
Residential Irrigation Commercial Irrigation Hose Bibb Only
Scope of work:
Contact Person Cell #:
Property Owner: Phone #:
Street: Cell #:
City: State: Zip Code: E-mail:

* Town of Cary and or any other Encroachment Agreements, if needed, must be obtained prior to permit issuance and prior to any work being done in the right of way.

IRRIGATION CONTRACTOR

Company Name: Phone #: Fax #:
Street: Cell #: E-Mail:
City: State: Zip Code: Contact Person: Cell #:
NC State Lic. #: Exp. Date: Cary Privilege License #:

PLUMBING CONTRACTOR

Company Name: Phone #: Fax #:
Street: Cell #: E-Mail:
City: State: Zip Code: Contact Person: Cell #:
NC State Lic. #: Exp. Date: Cary Privilege License #:

ELECTRICAL CONTRACTOR

Company Name: Phone #: Fax #:
Street: Cell #: E-Mail:
City: State: Zip Code: Contact Person: Cell #:
NC State Lic. #: Exp. Date: Cary Privilege License #:

DISCLAIMER: I hereby certify that all information is correct and all work will comply with the N.C. State Building Code and all other applicable State and Local laws, ordinances and regulations.

Applicant Signature: Date:

Conditions or Comments:

Plans Reviewed and Approved by: Date:

OFFICE USE ONLY

PUBLIC WORKS AND UTILITIES SITE WORK REQUEST VERIFICATION BY DATE
PRIVATE UTILITY TAP CONTRACTOR REQUIRED / UTILITY TAP PERMIT # DATE