



IRRIGATION SYSTEM PERMIT APPLICATION

Inspection requests must be scheduled by 4:30 pm the previous day.

Office Hours Monday – Friday 8:00 AM-4:30 PM

Property Owner & Address:	Contractor & Address:	Project Address:
_____	_____	_____
_____	_____	_____
_____	_____	Lot Number: _____
Phone: () _____	Phone: () _____	Subdivision: _____
Mobile: () _____	Mobile: () _____	Parcel ID: _____
Fax: () _____	Fax: () _____	County: _____
Email _____	Email _____	

A reduced pressure principle back flow prevention device is required on all irrigation systems installed in the City of Springboro. The back flow prevention device shall be installed, tested and certified by a licensed plumber before placing the system in operation. A copy of the certification shall be filed with the City of Springboro Service Department before any inspections are approved.

I hereby certify that I will install a reduced pressure principle back flow prevention device on this irrigation. Also, I will have the back flow device tested and certified and will forward a file copy as required. I will not place the irrigation in operation until the inspection and certification has been approved.

Permit Fee \$42.25

Applicant Signature: _____ Date: _____

Printed Name: _____

All FIELDS MUST BE COMPLETED AND LEGIBLE

(any missing information will hold up the permit process.)

Current fee schedule effective 01/01/2012 till 12/31/2012.