



## 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

### APPLICANT INFORMATION

**OWNER:**  Check box if contact

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**OFFICE USE ONLY**

FILE # \_\_\_\_\_

FILE NAMES \_\_\_\_\_

RECEIVED BY \_\_\_\_\_

FEE PAID \_\_\_\_\_

DATE SUBMITTED \_\_\_\_\_

**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)