CITY OF UNION RESIDENTIAL/COMMERCIAL SPRINKLER PERMIT

Name (property	owner)			
		Phone #		
Name of Compar	ny doing installation		Phone #	
Address			Email address	
Contact Informat	tion:			
Name:	PI	none#	Cell Phone #	
Total Cost of Project		Permit Fee		
REQUIREMENTS	FOR PERMIT:			
□ Detailed	Detailed prints showing installation			
□ Backflow	Backflow Preventer			
Location	connection of sprinkler system	to existing w	rater service	
Explanat	ion of winterization of sprinklin	g system		
	contract signed by homeowner	(to calculate	permit fee)	
Inspections Requ	uired – call 836-8624, 24 hours	ahead of req	uested inspection time.	
Preliminary – prior to installation before any work is done.			Final (after work has been completed)	
Acknowledgeme	nt/verification from homeowne	er		
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Approved:	Signature of homeowner		Date	
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John P. Applegat	e, City Manager		 Date	