



**P.O. Box 375**

**39 Denman Rd**

**Port O’Connor, TX 77982**

**361-983-2652/Fax 361-983-2235**

**Port O’Connor Improvement District**

***P.O. Box 375***

***Port O’Connor, Texas 77982***

***361-983-2652/ Fax 361-983-2235***

**Application for Irrigation Permit**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Subdivision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Block: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lot: \_\_\_\_\_\_\_\_\_\_\_\_**

**Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupancy Type: (Check One)**

**One or Two Family Dwelling \_\_\_\_\_\_ Commercial \_\_\_\_\_\_**

**Apartments (Less than 5 Units) \_\_\_\_\_\_ Public \_\_\_\_\_\_**

**Apartments ( More than 5 Units) \_\_\_\_\_\_ Storage \_\_\_\_\_\_**

**Other \_\_\_\_\_\_ Assembly \_\_\_\_\_\_**

**\_\_\_\_\_\_ New Residential Construction Backflow Assembly Minimum Requirements**

**\_\_\_\_\_\_ Residential ReModel Commercial/RPZ \_\_\_\_\_\_**

**\_\_\_\_\_\_ Repair/Replacement Residential Sprinkler/PVB \_\_\_\_\_\_**

**All Backflow Assemblies MUST be tested Upon Installation and Hazardous Applications MUST be tested annually thereafter by Port O’Connor Municipal Utility District.**

**Describe Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BE SURE TO CALL 1-800-344-8377 BEFORE DOING ANY DIGGING.**

**I/WE ACKNOWLEDGE THAT AS A PERMIT HOLDER, I/WE ARE RESPONSIBLE TO DO INSTALLATION WORK ON THIS PROJECT IN ACCORDANCE WITH ALL APPLICABLE CODES, LAWS AND/OR ORDINANCES.**

**SIGNATURE OF APPLICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**