



IRRIGATION PERMIT

City of Lindale
 P.O. Box 130 /105 Ballard Dr.
 Lindale, TX 75771
 Phone: 903-882-6861 Fax: 903-881-8170
 Email: lselag@lindaletx.gov

Application Date: _____

Permit # _____

Property Location:	
Property Owner:	Phone:

- (Please check):
- | | |
|---|---|
| <input type="checkbox"/> New Installation | <input type="checkbox"/> Commercial Property |
| <input type="checkbox"/> Repair | <input type="checkbox"/> Residential Property |

Estimated Job Cost Commercial Only: _____	
Irrigation Fee: \$75.00	
(FEES DOUBLE IF STARTED WITHOUT A PERMIT)	

Irrigator's Name:	Contractor's License #:		
Backflow Tester's Name:	Contractor's License #:		
Address:	City:	State:	Zip:
Phone #:	Email:		

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

I am responsible for providing a copy of the Backflow Prevention Assembly Test and Maintenance Report upon completion of the project. Send email to Darceyh@lindaletx.gov or fax 903-882-0901.

Signature of Applicant _____ Printed Name _____ Phone Number _____

Responsible person in charge of work _____ Title _____ Phone Number _____