



CITY OF JARRELL

IRRIGATION PERMIT APPLICATION

Job Address: _____

Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Owner: _____ Phone: _____ Fax: _____

Builder: _____ Phone: _____ Fax: _____

Plumbing Contractor/License #: _____

Irrigation Provider: _____ **(BACKFLOW TEST WILL BE REQUIRED)**

Applicant Signature: _____ Date: _____