



UNDERGROUND SPRINKLER INSTALLATION PERMIT

CITY OF WEST RICHLAND
 3801 W Van Giesen, West Richland WA 99353
 Phone: (509) 967-5434 Fax: (509) 967-2419

| | | | | |
|--|----------------------|---------------------------|------------------|-----------------|
| APPLICANT'S NAME | | | | |
| Applicant's Address | | City | State | Zip |
| Phone Number | Fax Number | | Other Number | |
| *Contact Person for project (if different from applicant's) | | | | |
| ADDRESS OF PROPERTY | | | | |
| Owner of Property | | | | |
| Tax Parcel # | Subdivision | | Lot | Block |
| DETAILED PROJECT INFORMATION: | | | | |
| Source of Water | | Type of backflow assembly | | |
| Type of shut-off valve | | Est. Start Date | Est. Finish Date | |
| CONTRACTOR'S NAME | | City Business License # | | |
| | | State Business License # | | |
| Address | | City | State | Zip |
| Phone Number | Fax Number | | Other Number | |
| LIST SUBCONTRACTORS (all subcontractors must have City of West Richland Business License) | | | | |
| EXCAVATION | Subcontractor's Name | City Business License # | | |
| | | State Business License # | | |
| INSTALLATION | Subcontractor's Name | City Business License # | | |
| | | State Business License # | | |
| ELECTRICAL | Subcontractor's Name | City Business License # | | |
| | | State Business License # | | |
| DUST CONTROL PLAN: | | | | |
| I, _____, hereby certify that I am the applicant (or his/her authorized representative) for irrigation and/or landscaping activity located at property address above | | | | |
| I am familiar with the requirements of West Richland Municipal Code, Section 8.18.020, Causing or maintaining a nuisance. Any person, firm or corporation who shall disturb, excavate, grade plow, or remove the top soil of any land area, or permit or direct the same, within the City of West Richland, for any purpose, without taking reasonable affirmative measures to suppress and minimize the blow and scattering of dust, shall be determined to have committed a misdemeanor. | | | | |
| Check one or more and provide detailed explanation: | | | | |
| <input type="checkbox"/> Water Sprinklers (i.e., hose and sprinkler, handlines): | | | | |
| <input type="checkbox"/> Hydroseeding or other planning: | | | | |
| <input type="checkbox"/> Other (specify in detail): | | | | |
| EASEMENTS AND RIGHT OF WAY REQUIREMENTS: | | | | Initials |
| I have reviewed & understand the easements and right of way requirements on my property | | | | |

| | |
|---|-------------|
| INSTALLATION REQUIREMENTS: | |
| I have received the installation diagram | |
| I have received the irrigation and backflow pamphlets (3 total) | |
| Signature of Owner or Authorized Agent | Date |

Call for a locate service prior to digging – 1-800-424-5555

Call for an inspection before burying – 967-5434

| | |
|--|--------------------|
| For Office Use Only | |
| Date of Backflow Installation Inspection _____ | Inspected by _____ |
| Reinspection Date (if necessary) _____ | Inspected by _____ |
| Date Final Inspection Completed _____ | Inspected by _____ |
| Backflow Assembly Tested <input type="checkbox"/> Pass <input type="checkbox"/> Fail | Tested by _____ |
| Comments: | |