



IRRIGATION PERMIT APPLICATION

City of Atlantic Beach

Building Department
800 Seminole Road Atlantic Beach, FL 32233
(P) 904-247-5800

FOR INTERNAL OFFICE USE ONLY
PERMIT# _____

SITE INFORMATION

ADDRESS _____ PROJECT VALUE _____

***** SUBMIT A HYDROZONE PLAN** that shows the areas to be irrigated with low, moderate, and high water use areas. The plan must show that high water use areas do NOT exceed 60% of total landscape/pervious area. *******

Contractor/Owner Irrigation Self Certification Checklist

Irrigation Standards: Please review all of the following standards prior to signing the certification section.

- High Volume irrigation, if used does not exceed 60% of landscape/pervious area
* Example: Total lot area = 5,500 sq. ft.; Impervious area = 2,200 sq. ft.; Total landscape/pervious area = 5,500 - 2,200 = 3,300 sq. ft.; Maximum High Volume Irrigation = 3,300 x 60% = 1,980 sq. ft.
- For lawns and turf areas that exceed 60% of the total landscape area of the lot, low volume irrigation may be used as needed.
- At least one (1) moisture sensor shall be located in each irrigation zone.
- Emitters shall be sized and spaced to avoid excessive overspray on to impervious surfaces.
- RPZ backflow preventer must be installed for all irrigation systems. Backflow preventers must be tested by a certified tester and results sent to Public Utilities.
- Irrigation system shall be installed according to Section 24-178.

Permit becomes void if work does not commence within a six (6) month period or work is suspended or abandoned for six (6) months. I hereby certify that I have read this application and know the same to be true and correct. All provisions of laws and ordinances governing this work will be complied with whether specified or not. The permit does not give authority to violate the provisions of any other state or local law regulation construction or the performance of construction.

OWNER INFORMATION

OWNER NAME _____ PHONE # _____
 COMPANY _____ OFFICE # _____
 COMPANY ADDRESS _____ FAX # _____
 CITY _____ STATE _____ ZIP CODE _____ EMAIL _____
 LICENSE HOLDER _____ STATE CERT/REGISTRATION # _____

SIGNATURE OF LICENSE HOLDER _____ PRINT OR TYPE NAME _____ DATE _____

Signed and sworn before me on this _____ day of _____, _____ by _____ State of _____
_____ County of _____

Identification verified: _____

Oath Sworn: Yes No

Notary Signature

My Commission expires _____