



# IRRIGATION SYSTEM APPLICATION

City of Lindale  
P.O. Box 130 /105 Ballard Dr.  
Lindale, TX 75771  
Phone: 903-882-6861 Fax: 903-881-8170  
Email: [iselag@Lindaletx.gov](mailto:iselag@Lindaletx.gov)

**\*\* All contractors MUST FIRST REGISTER (one time per year) by completing the Contractor Registration Application\*\***  
Unless a plan review is required this is an OVER-THE COUNTER permit and application can also be made through email.

**Irrigation Permit Fee: \$75.00**

Permit # \_\_\_\_\_  
(Office use only)

Job Address:	
Property Owner(s) Name:	Phone:
Check All that Apply: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial; Estimated Job Cost _____	
<input type="checkbox"/> New Installation <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair Briefly describe work to be done: _____ _____	

### Irrigator

Business Name:	Phone:	Fax:	Email:
Address:	City:	State:	Zip code:
Name:	Irrigation License #:	Mobile:	Email:

### Backflow Tester

Business Name:	Phone:	Tester's Name:	State License #:	Phone:
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An Issued permit becomes null and void if the work on the site authorized by the permit does not commence within 180 days of issuance, or if the work is incomplete due to suspension or abandonment 180 days after the work commenced.

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. **A Penalty Fee equal to 2x's the Permit Fee will be assessed if work begins before the issuance of a valid 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 [iselag@lindaletx.gov](mailto:iselag@lindaletx.gov) Cc. [darceyh@lindaletx.gov](mailto:darceyh@lindaletx.gov) or fax to 903-881-8170.**

Property Owner/Agent Responsible person in charge of work \_\_\_\_\_ Application Date \_\_\_\_\_

APPROVED                       NOT APPROVED

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_