

LAWN IRRIGATION PERMIT CITY OF SANIBEL BUILDING DEPARTMENT

New system _____ Modification of old system _____ (Explanation) _____

Describe location of Rain Sensor and Backflow Device (if applicable) _____

ADDRESS: _____

STRAP NUMBER: _____

OWNER'S NAME: _____

CONTRACTOR'S NAME: _____

CONTRACTOR'S PHONE NO: _____

CONTRACTOR'S FAX PHONE NO: _____

CONTRACTOR'S EMAIL: _____

SIGNATURE (License holder): _____

PRINTED NAME: _____

LICENSE NUMBER: _____

PERMIT CONDITIONS:

1. All piping and sprinkler heads shall be located on private property and not allowed on City right-of-ways.
2. Provide a rain sensor compliant with Florida Statutes.
3. Water supply for lawn sprinkler must be on house side of main water service backflow device. In the event the property has no backflow device, a check valve or reduce pressure backflow preventer shall be provided for the sprinkler system.
4. Call for an inspection upon completion (239) 472-8321.

THE BUILDING DEPARTMENT WEBSITE IS WWW.MYSANIBEL.COM GO TO CITY FORMS/BUILDING OR BUILDING DEPARTMENT/FORMS FOR THE CREDIT CARD PAYMENT FORM AND FAX TO:

(239) 472-8826 OR MAIL TO:

CITY OF SANIBEL
BUILDING DEPARTMENT
800 DUNLOP ROAD
SANIBEL, FL 33957
(239) 472-4555



**CITY OF SANIBEL
BUILDING DEPARTMENT**

COMPANY NAME: _____

CONTRACTOR'S PHONE NO: (_____) _____

CONTRACTOR'S FAX NO: (_____) _____

PERMIT # OR LICENSE _____

AMOUNT TO BE CHARGED TO CARD \$ _____

PAYMENT: *(circle one)* **VISA** **MASTER CARD**

CARD NO: _____

EXP. DATE: _____ / _____ **3 DIGIT # BACK OF CARD** _____

PRINT NAME OF CREDIT CARD HOLDER: _____

I am the card holder or an agent to the above listed credit card. I authorize the City of Sanibel to charge fees to the above listed credit card account.

CREDIT CARD SIGNATURE: _____

BILLING ADDRESS: _____

Billing zip code (need to have to process) _____

*Or mail check to: City of Sanibel
Attn: Building Department
800 Dunlop Road
Sanibel, FL 33957*

*** BUILDING DEPARTMENT FAX NO: 239-472-8826 ***