



City of Greenacres

Building Department

5800 Melaleuca Lane, Greenacres, Florida 33463-3515
Ph: 561-642-2053 Fax: 561-642-2049 www.ci.greenacres.fl.us

IRRIGATION

This checklist is designed to expedite permit application processing by ensuring that all required information and documentation is provided.

Submit one (1) copy of the permit application and two (2) copies of this checklist.

This permit is to cover one of the following: (please check applicable statement, or fill in the line marked other)

- installation of well and new sprinkler system
- installation of new sprinkler system utilizing domestic water supply
- installation of new sprinkler system using water from adjacent lake/canal
- modifications to existing sprinkler system
- changing from domestic water to well water; sprinkler system is existing
- changing from domestic water to drawing from lake or canal; existing sprinkler system
- changing from well water to domestic water; existing sprinkler system
- changing from drawing from lake or canal to domestic water; existing sprinkler system
- other _____

WATER SOURCE:

Check one: well PBC domestic water supply draw from lake or canal

If well: A permit from the PBC Health Dept. is required. A permit is also required from the City of Greenacres, and it will be a no-fee permit. A copy of the Health Dept. permit must be attached to the permit application.

If drawn from lake or canal: Homeowner association approval may be required. By signing this checklist, the applicant is attesting to the fact that HOA or COA approval has been obtained.

MISCELLANEOUS INFORMATION

PUMP: if existing pump or new pump, provide the following information:

- Location _____
- Horsepower _____
- Source of Electricity _____
- Wire size and type _____
- Name of person or company who installed pump _____

HEADS, ZONES: If new sprinkler system, provide the following information:

- Number of heads _____ Type of heads _____
- Number of heads _____ Type of heads _____
- Number of Zones _____

SENSOR: All automatic sprinkler systems require a rain sensor. Provide the following information:

- Location of rain sensor _____
- Method of support for rain sensor _____

Printed name of Individual

Date

Printed name of company (if any)

Signature of applicant (must match permit application)