



**TOWN OF MORRISVILLE**

260 Town Hall Dr. Suite B  
Phone: (919) 463-6180... Fax-(919) 460-6584

Date Rec'd
Permit #

**Irrigation Permit Application**

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**Construction Address:**

Street # \_\_\_\_\_ Street Name \_\_\_\_\_

Lot/Suite/Bldg # \_\_\_\_\_ Project Name/Subdivision: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City, St, Zip \_\_\_\_\_

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**Proposed Use:**     Irrigation – Residential     Irrigation – Non Residential     Hose Bibb

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Irrigation System Cost: \$ \_\_\_\_\_ Plumbing Cost: \$ \_\_\_\_\_ Total Cost of All: \$ \_\_\_\_\_

**Irrigation Contractor**

Co. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Morrisville Privilege License # \_\_\_\_\_

Contractor/Authorized Agent Signature: \_\_\_\_\_

CONTACT PERSON (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

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**Plumbing Contractor**

Co. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

NC State License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Morrisville Privilege License#: \_\_\_\_\_

Contractor/Authorized Agent Signature: \_\_\_\_\_

CONTACT PERSON (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

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*\*An application to the Town of Cary for water service must be submitted with this application with meter size indicated.*

*\*Encroachment Agreements, if needed, must be obtained from the Town of Morrisville Engineering Dept. and on site prior to any work being done in the right of way.*

**DISCLAIMER: I hereby certify that all information is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. The Inspections Department will be notified of any changes in the approved plans, specifications or contractors for the project permitted herein.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Conditions or Comments: \_\_\_\_\_

Plans Reviewed & Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

