

Alachua County Irrigation System Approval Form

Section 1: Irrigation System Information

Circle one: New System >50% Modification/Repair Today's Date: _____

Circle one: Single Family Residential (\$50) Multi-family/Common area (\$100) Commercial (\$100) Other: _____

Project Name:

Project Street Address:

Project City, State, Zip:

Project Tax Parcel Identification Number (PIN) (optional)

Project Subdivision (optional):

Project Phase (optional):

Project Lot (optional):

Section 2: Owner Information

Owner's Name:

Owner's Street Address:

Owner's City, State, Zip:

Owner's Phone (optional):

Owner's Email (optional):

Section 3: Florida Water Star

Are you applying for Florida Water Star Certification with the State of Florida for this property? (circle one) Yes No

Anticipated completion date: _____ If yes, just fill out Sections 1-3 of this form. No fees are required.

Section 4: Irrigation Professional Information (if applicable)

Irrigation Professional Name:

Company Name:

Phone/Mobile:

Email address (optional):

Section 5 :Irrigation System Information-

Total Number of Zones _____ Water Source (circle): Well Municipal Potable Supply
Lake/Creek/Pond Reclaimed Harvested Rainwater Other

Total Landscaped Area (ft2): High Volume Area (ft2): Low Volume Area (ft2):

Percent of the landscaped area in high volume irrigation (%):

Section 6: Inspection

Choose inspection method: Alachua County Inspection (single family residential- \$85, other- \$170) Self-inspection

Anticipated completion date of installation: _____

Alternative Compliance

If you cannot meet specific requirements of the Code, please submit a proposal that outlines why the requirements cannot be met and how your plan will meet the intent of this ordinance or describe below.

Staff use only. Employee Name: _____ Payment amount: _____ Payment: Credit Cash Check _____