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- Provide this information here if it is NOT on the submitted sketch
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
3rd party inspector (Name):
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