



**COMMUNITY DEVELOPMENT
DEPARTMENT
PERMIT & INSPECTION DIVISION**
3600 Kirchoff Road Rolling Meadows IL 60008
847-506-6030 www.cityrm.org

APPLICATION FOR LAWN SPRINKLER PERMIT

Job Site Address _____ Unit # _____

Property Owner's Name _____ Owner's Phone _____

Contractor's Business Name _____ Contractor's Phone _____
(Please PRINT)

Address _____ City _____ State _____ Zip _____

Plumbing Contractor's Business Name _____ Phone: _____

Address _____ City _____ State _____ Zip _____

Plumber's Name _____ Plumber's Phone _____
(Please PRINT)

Plumber's Signature *Date*

_____ Backflow Preventor Lawn Sprinklers _____ feet (length)
 RPZ DDC Any sprinkler heads in R.O.W. ? NO YES (see below)

IMPORTANT: If the sprinkler system is to be placed in the public right of way (parkway) there is an agreement with the City that must be signed by the titleholders of the property. This agreement must be signed by all titleholders of the property and the agreement must also be notarized.

Having submitted plans and specifications, I hereby apply to the Community Development Department of the City of Rolling Meadows, Illinois for a lawn sprinkler permit. If this permit is granted I will comply with all ordinances relating to the permit and pay all required fees. I will submit the work to the required inspections. No error or omission in either application or plans, whether said application or plans have been approved by the Community Development Department or not, shall permit or relieve the applicant from constructing the work in any manner than that provided for in the ordinances of the City relating thereto.

Applicant's Signature *Date*

Permit Authorized by *Date*

Refundable Bond \$ _____

Permit Fee: \$ _____

TOTAL: \$ _____ **Permit # PPL** _____