

Planning and Development Dept. - Permit Application Center

P.O. Box 11706 or 155 Johnston St.m Rock Hill, SC 29731-1706

Ph: 803-329-5590 Fax: 803-329-7228

www.cityofrockhill.com



IRRIGATION SYSTEM PERMIT APPLICATION

Date: _____

Project Details

Property Owner: _____ Phone: _____

Property Owner Address: _____

Job Site Address: _____

Description of Work: _____

Valuation of Work \$ _____

Irrigation System Installer

Company Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Rock Hill Business License #: _____ Email: _____

Note: A State license is not required for irrigation system installers but a state license is required for the installer of a backflow prevention device. **The backflow prevention device must also be tested and a Cross Connection Control Test Report form submitted to Planning.** For more information about backflow prevention devices see our handouts, An Introduction to Backflow and Cross Connection Control and Irrigation System and Backflow Prevention Checklist.

Backflow Prevention Device Installer

Company Name: _____ Name of State License Holder: _____

Address: _____ City, State, Zip: _____

State License # _____ Rock Hill Bus. License #: _____ Email: _____

If faxing application, do you have a credit card on file with us? Yes No

- I certify to the best of my knowledge that all information provided herein is true and correct and all work performed under this permit shall conform to the plans and specifications herewith submitted and to all applicable Building Codes and Laws and Ordinances pertaining thereto.
- By signing this application I certify that I have the authority to make the foregoing application and I am the property owner or an authorized agent for the company performing the work stated above. I understand that I must use contractors licensed or registered with the State of South Carolina. If I choose to represent myself as the owner/builder, I understand that I or my immediate family members are required to occupy the property, that only contractors and subcontractors duly licensed as required by the State of South Carolina and the City of Rock Hill must be used to perform work associated with this application and permit, and as owner/builder I may not rent, lease or sell the property for a period of no less than two years from the date of final inspection for which this permit is issued.
- I further understand that if any information provided is found to be incorrect or falsely stated that this permit will be null and void and that I may be responsible for violation of other related state laws and local ordinances.
- I certify no construction or portion of construction will be built over or under any electrical, water, sewer, storm water or any other utility easements or rights-of-way.

Applicant Signature: _____

Applicant Title: _____

(Contractor, Owner, Agent, etc.)

Applicant Printed Name: _____

Sworn to and subscribed before me on

this _____ day of _____, 20 _____

Signature of Notary: _____

(Place Notarial Seal Here)

Notary Public for: _____

My commission expires: _____