



IRRIGATION PERMIT APPLICATION

City of Atlantic Beach

Community Development Department
800 Seminole Road Atlantic Beach, FL 32233
(P) 904-247-5800

FOR INTERNAL OFFICE USE ONLY

FILE # _____

SITE INFORMATION

ADDRESS _____

APPLICANT INFORMATION

NAME _____ OWNER LEGAL AUTHORIZED AGENT

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE # _____ EMAIL _____

Step 1. Calculate Maximum High Volume Irrigation: High volume irrigation is limited to 60% of the landscaped/pervious area of a lot. Low volume irrigation may be used for remaining areas.

Total Landscape/Pervious Area = _____ Square Feet (Total Lot Area minus Impervious Surface)

Max High Volume Irrigation = _____ Square Feet (60% of Total Landscape Area)

Step 2. Proposed Plan:

Proposed High Volume Irrigation = _____ Square Feet

Proposed Number of Sprinkler Heads = _____

Step 3. Attach a Hydrozone Plan:

Indicate areas to be irrigated and show low, moderate, and high water use areas. Plans may be prepared by property owners or contractors on a copy of the survey or a site plan.

At least one moisture sensor shall be located in each irrigation zone and emitters shall be sized and spaced to avoid excessive overspray on to impervious surfaces.

HYDROZONE shall mean an irrigation watering zone in which plant materials with similar water needs are grouped together.

HIGH VOLUME IRRIGATION shall mean an irrigation system that does not limit the delivery of water directly to the root zone and which has a minimum flow rate, per emitter, of thirty (30) gallons per hour (gph) or one-half (.5) gallons per minute (gpm) or greater.

IRRIGATION ZONE shall mean the grouping together of any type of water emitter and irrigation equipment operated simultaneously by the control of a timer and a single valve.

See Section 24-178 for more information.

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT. I AGREE TO COMPLY WITH ALL PROVISIONS OF CHAPTER 24 (LAND DEVELOPMENT REGULATIONS) AND ALL OTHER APPLICABLE CODES AND ORDINANCES OF THE CITY OF ATLANTIC BEACH.

SIGNATURE OF OWNER or AGENT _____ PRINT OR TYPE NAME _____ DATE _____

Signed and sworn before me on this _____ day of _____, _____ by _____ State of _____

_____ County of _____

Identification verified: _____

Oath Sworn: Yes No

Notary Signature

My Commission expires _____