

Village of Shorewood
One Towne Center Blvd. Shorewood, IL. 60404
Phone: 815-725-2150 Fax: 815-744-6766

LAWN SPRINKLER PERMIT APPLICATION

Name of Owner _____ Date _____

Address _____ Lot _____

Subdivision _____ Phone # _____

Describe the work to be done, **include sketches, plat of survey, and any other plans.** Indicate who will be doing the tap and the RPZ installation and certification.

List all contractors involved in this project, include their phone number:

Contractors:	Name	Phone	License
Irrigation	_____	_____	_____
	_____	_____	_____
Plumber	_____	_____	_____
	_____	_____	_____
Electrician	_____	_____	_____
	_____	_____	_____
Other	_____	_____	_____
	_____	_____	_____
Other	_____	_____	_____
	_____	_____	_____
Other	_____	_____	_____

Estimated cost of Construction \$ _____

Signature of Applicant: _____ **Date:** _____

APPROVAL:	DATE:	FEE: \$
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