

Permit Number: _____

Application Fee: \$300.00 + \$150.00 Application Fee + \$1,200.00 Infrastructure Fee

Inc. Village of Old Westbury

Application for Underground Irrigation System

This application must be filled out in triplicate with a survey locating the area to be sprinkled, location of backflow prevention device, control boxes and approximate zone location.

Location of Work: _____

Owner: _____ Address: _____

Landscape Contractor: _____

Address: _____

Size of Plot (in acres): _____ Percent of Plot to be irrigated: _____%

Number of Zones: _____ Heads per Zone: _____ G.P.M.: _____

Type of Backflow Device: _____ Size of Backflow Device: _____

Make and Model of Device: _____ Location: _____

Nassau County Home Improvement License: _____ Expiration Date: _____

Plumbing License Number: _____ Issued by: _____

STATE OF NEW YORK)
COUNTY OF NASSAU) ss:

_____, being duly sworn, deposes and states that he is authorized to make this application and perform the work described herein, and that all statements contained herein are true to the best of his knowledge

Sworn to me before this _____ day of _____

Applicant's Name

Notary Public Signature

Print Name

Print Address

Print City, State & Zip Code

Telephone Number











Note: The maximum portion of any lot which shall be permitted to be sprinkled with an automatic sprinkling system of any tupe shall not exceed twenty percent (20%) of the first three (3) acres of lot area and ten percent (10%) of any lot area in excess thereof.

Connection of this sprinkler system in the meter is prohibited.

Sample of Information Required on Layout - 3 Copies Required

Village of Old Westbury
 Building Department
 1 Store Hill Road
 Old Westbury, NY 11568

System Plans
 Underground Irrigation
 Required in Triplicate

<u>Legend</u>		
	Rotary Head	90
	Rotary Head	180
	Rotary Head	270
	Rotary Head	360
	Mist Head	70
	Mist Head	130
	Mist Head	270
	Mist Head	360
-----	1 1/2 PVC Main	
	1" Poly.	
	S./S. Valve Box	
	Hydrovisor Ground Sensor	

<u>Lot Coverage Calculation</u>	
Area of Lot:	
Allowable Coverage: 20%	
Zone	Area Covered Sqft
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Sprinkler System Table								Total:	Proposed Sprinkler System Plan						
Zone	Head	Type	# of Heads	Cat. Pres. Pating	Angle of Coverage	GPM	TG PM		For:						
									Revisions						
									<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">No.</td> <td style="width: 33%;">Issue</td> <td style="width: 33%;">Date</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	No.	Issue	Date			
No.	Issue	Date													
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									Scale - 1" = 30'						