



BUILDING DEPARTMENT
 1584 Hadley Avenue N
 Oakdale, MN 55128
 Phone: 651-739-5150
 Fax: 651-730-2820
 E-Mail: permits@ci.oakdale.mn.us
www.ci.oakdale.mn.us

FOR OFFICE USE ONLY		
PAYMENT RECEIVED IN FORM OF		
<input type="checkbox"/> CHECK (#)	<input type="checkbox"/> CASH	<input type="checkbox"/> CC (#)
		<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Disc.
PERMIT NUMBER:		

LAWN SPRINKLER/IRRIGATION PERMIT

JOB INFORMATION

Job Address:
Type of installation and anti-siphon device: (Required: Pressure Vacuum Breaker to be one foot above highest head, <u>or</u> - Reduced Pressure Zone (RPZ) if lower than highest head).

APPLICANT INFORMATION

Applicant:		
Day Phone:	Cell Phone:	
Address:		
City:	State:	Zip:
Check One: <input type="checkbox"/> Property Owner <input type="checkbox"/> Contractor		

DISCLAIMER

I hereby acknowledge that when installing any part of this permitted system into the easement or right-of-way, the City of Oakdale is held harmless for any breakage or disrepair to the system, which might occur either when the work is performed in the easement, street or abutting property.

Applicant Signature:	Date:
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FOR CITY USE ONLY

Plumbing Fee	\$
Fire Surcharge	\$
State Surcharge	\$
TOTAL	\$

APPROVALS

Bldg Dept.	Date
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