



## City of Durham Temporary Outdoor Watering License Application

First Name:			Last Name:		
Company Name (if applicable):					
Phone No.:			Fax No.:		
Email address:					
Street Address (where irrigation will occur):			Mailing Address:		
City:	State:	Zip:	City:	State:	Zip:
Water Account Number at watering location:					
Please explain the reason for your license request:					
Please describe the plant material to be watered:					
Irrigation will occur by (check all that apply):					
<input type="checkbox"/> Hose-End Sprinkler		<input type="checkbox"/> Automated In-ground Drip System			
<input type="checkbox"/> Automated Spray (In-ground) System		<input type="checkbox"/> Manual In-ground Drip System			
<input type="checkbox"/> Manual Spray (In-ground) System		<input type="checkbox"/> Other _____			
<p>I hereby attest that all information contained on this application is correct and true to the best of my knowledge. I understand that any license received pursuant to this application may be revoked for failure to abide by established rules and procedures, for misrepresentations made in this application, for excessive runoff from the irrigated landscape or other water waste, or for any other good cause. I understand that a license granted through this application will be valid for only <b>45 days</b> from the date of issue. I understand that completion of this application in no way guarantees or implies approval for a Temporary Outdoor Watering License.</p>					<p><b>Submit by mail, fax, or scan and email to:</b>            City of Durham            Dept. of Water Management            1600 Mist Lake Dr.            Durham, NC 27704            Phone: (919) 560-4381            Fax: (919) 560-4479            savewater@durhamnc.gov</p> <p><b>All licenses and required signage must be picked-up in person at the address noted above within <u>5 business days</u> of notification or the license will be rescinded and applicant will need to reapply.</b></p>
_____			_____		
Signature			Date		

**Office Use Only**

Approval by: _____		License No. _____
City Manager or Designee	Date	
Sign Issued by: _____	Start Date: _____	
Sign Received by: _____	End Date: _____	