



**CITY OF IONA**

3548 N. Main Street  
Iona, Idaho 83427

(208) 523-5600

[cityclerk@cityofiona.org](mailto:cityclerk@cityofiona.org)

HVAC & Plumbing Inspector: Greg McBride 208-569-4750

**APPLICATION FOR PERMIT FOR SPRINKLER SYSTEM**

**Iona City Code § 8-2-13(D)** [Application Fee: \$65]

**APPLICANT INFORMATION**

Applicant's Full Name: \_\_\_\_\_  
Applicant's Mailing Address: \_\_\_\_\_  
Applicant's Telephone: (\_\_\_\_) \_\_\_\_\_ Applicant's Email: \_\_\_\_\_

**WORK SITE INFORMATION**

Iona Location:  Same as Mailing Address  Other: \_\_\_\_\_  
Is the Applicant the owner of the Property?  Yes  No (If, no, please include owner's consent, below)  
Who will be performing the Plumbing Work?  Property Owner (skip next section)  Contractor

**CONTRACTOR INFORMATION (if applicable)**

Name (incl. business entity or d/b/a): \_\_\_\_\_  
Principal Business Address: \_\_\_\_\_  
Business Telephone: (\_\_\_\_) \_\_\_\_\_ Contractor's License No.: \_\_\_\_\_

**TO COMPLETE THIS APPLICATION, please attach a detailed description of the sprinkler system to be installed, connected, or altered—including the specific location and configuration of all Backflow Prevention Assemblies and devices installed in conjunction therewith.**

<i>I certify (or declare) under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.</i>	
Signature: _____	Date: _____

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\_\_\_\_\_ Initial Here - I will submit the Backflow Test Results to the city of Iona  
Email [cityclerk@cityofiona.org](mailto:cityclerk@cityofiona.org) or bring it in to the office.  
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OFFICE USE ONLY	
Accepted by: _____	Date: _____
<input type="checkbox"/> \$65 Fee Received	Application Number: <u>SPKL-</u> _____
<input type="checkbox"/> Sprinkler System Reviewed	Council Meeting: _____