

## **CITY OF IONA**

3548 N. Main Street Iona, Idaho 83427

(208) 523-5600 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: ()	
WORK SITE INFORMATION	
Iona Location: □Same as Mailing Address	s $\square$ 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 applicab	le)
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 certify (or declare) under penalty of perjury pursua	nt to the law of the State of Idaho that the foregoing is true and correct.
Signature:	Date:
	e Backflow Test Results to the city of Iona ocityofiona.org or bring it in to the office.
OFFICE USE ONLY	
Accepted by:	Date:
□\$65 Fee Received	Permit Number: SPK <u>L</u> -
☐ Sprinkler System Reviewed	Council Meeting: