

This application provides information to the Town of Bowling Green to implement the modified utility billing procedures adopted by Town Council for the relief from payment of sewage treatment charges for water used for the purpose of irrigation. Only properties with a properly installed and inspected in-ground irrigation system are eligible for this modified billing procedure. The information required on this application provides assurances that all Town and County Code requirements have been met in relation to the installation, maintenance and utilization of such irrigation systems.

**Town of Bowling Green**

**Irrigation System Application**

**(Request to Modify Utility Billing Due to Property Irrigation)**

\*\*DEADLINE IS March 1st OF CURRENT YEAR

FORM REVISED:

13 MARCH 2023

**ISA** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Filed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Utility Account Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHECK ONE:** **Initial Application \_\_\_\_\_ Renewal Application: \_\_\_\_\_**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Property Information**

Tax Map/Parcel Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address of Property (house number & street name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zoning and Use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Irrigation System Installation Date (month/year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required Actions**

1. Application Fee must be included with this application - **$25.00**
2. Initial or Annual Inspection Requirements must be completed prior to submitting this application. (See attached Town of Bowling Green Code Section 5-190 Paragraph C and Section 5-193)
3. Copies of County Permits and Inspections must be attached with this application.

**Certification by Applicant**

I certify that I have the authority to make the foregoing application and the information given is correct, including any attachments. I understand that I am responsible for providing information regarding the proper installation, maintenance, and inspection of the in-ground irrigation system located on the property stated on this application. I further understand that the water usage attributed to the in-ground irrigation is my responsibility whether or not the in-ground irrigation system is operating properly. I acknowledge the Town of Bowling Green may limit or stop use of in-ground irrigation systems at times when climatic conditions cause the initiation of Town, County, or State Water Conservation and/or Drought Response Plans that require action by the Town of Bowling Green. I further acknowledge the Town of Bowling Green has the right to shut off the in-ground irrigation system if issues affecting water quality in the Town’s water system can be traced to the location of this in-ground irrigation system or for any reason relating to the operation and maintenance of the Town’s water system. I have read and understand the Town Code applicable to in-ground irrigation systems in the Town of Bowling Green.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

**\*\*FOR TOWN USE ONLY\*\***

**Public Works Department Approved** [ ]  **Disapproved** [ ]

Inspection of irrigation system, back-flow device, and shut-off valve. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Town Manager Approved** [ ]  **Disapproved** [ ]

 **Approved with Conditions (See Attached)** [ ]

**Fee Paid $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Town Manager Signature Date**