

## RAIN BARREL PERMIT – APPLICATION

APPLICATION DATE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

\*\*\*\*\*

### PLAN SUBMITTAL REQUIREMENTS FOR ADMINISTRATION APPROVAL

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Type of rain barrel(s) (e.g. picture, catalog cut) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Size (gallons, dimensions)                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Overflow directed back to downspout(s)             | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Method of connection                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Covered  | <input type="checkbox"/> | <input type="checkbox"/> |

#### Location

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Sketch   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Located on rear yard downspout(s)              | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Located within front yard setback (prohibited) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Located within side yard setback (prohibited)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Number of rain barrels _____                   |                          |                          |
| a. One per rear yard downspout                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Screened from view from public right-of-way    | <input type="checkbox"/> | <input type="checkbox"/> |

*BCO Section 1355.09 or 1375.09*

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

I hereby certify that I have examined this application and approve the above application for a permit.

X \_\_\_\_\_  
Building Commissioner

Date: \_\_\_\_\_, 20\_\_\_\_

X \_\_\_\_\_  
Environmental Manager, Public Works

Date: \_\_\_\_\_, 20\_\_\_\_

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PERMIT NO.: \_\_\_\_\_

PERMIT FEE: **No Charge**