

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

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

X _____
Building Commissioner

Date: _____, 20____

X _____
Staff Engineer

Date: _____, 20____

PERMIT NO.: ZN _____ - _____

PERMIT FEE: **No Charge**