



City of Raymore
Building Inspections/Public Works
 100 Municipal Cr., Raymore, MO 64083
 Phone: 816-331-7916 Fax: 816-331-8067

LAWN SPRINKLER SYSTEM – PERMIT APPLICATION

Building Permit # _____ Date: _____

Site Designation: _____

Site Address: _____

Lot No: _____ Subdivision: _____

Building Use: _____ Residential _____ Commercial _____ Industrial

Property Owner Information:

Property Owner: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

The Sprinkler Heads, Rain Sensor, & RPZ Locations must be provided on a Plat or Survey. Sprinkler Heads located in the parkway must be located near the sidewalk, not at the curb. The City is not responsible for repairing sprinkler system components located in the parkway that are damaged due to snow plows or repair of utilities.

APPLICANT INFORMATION:

I HEREBY CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE TO COMFORM TO ALL GOVERNING INFORMATION AND REGULATIONS SET FORTH BY THE CITY OF RAYMORE, AND FURTHER AGREE THAT AS THE APPLICANT, (IF NOT PROPERTY OWNER), TO MAKE THE PROPERTY OWNERS AWARE OF THE ANNUAL RPZ TEST REQUIREMENT; I ALSO AGREE TO HOLD THE CITY OF RAYMORE HARMLESS FOR ANY DAMAGE THAT MAY OCCUR IN THE CITY RIGHT-OF-WAY OR EASEMENT.

Applicant Signature: _____

Print Name: _____ Phone: _____

Check if Applicant is Owner: _____ or Contractor: _____

(please attach copy of contract to permit)

CONTRACTOR INFORMATION:

Sprinkler System Installer: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

City of Raymore Occupational License Number: _____ (required)

*******FOR OFFICE USE ONLY*******

Zoning Approval: _____ Date Issued: _____ Permit Fee: _____

Comments: _____
