



Permit #: _____

Irrigation Well Permit

City of Rincon, Georgia
Planning and Development Services
Phone: (912) 826-5996 / Fax: (912) 826-2083
www.cityofrincon.com

Location of Project Address: _____

Proposed Depth of Well: _____

Map and Parcel: _____ Scheduled Installation Date: _____

Owner of Property: _____

Phone Number: _____ Email: _____

CONTRACTOR INFORMATION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Required:

- Application and Inspection Fee of \$250
- Copy of the Business License for the Drilling Contractor
- Copy of State License for the Drilling Contractor
- HOA approval letter if applicable

NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 12 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not, the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____ Date: _____

Signature of Drilling Contractor: _____ Date: _____

Approved: _____ Date: _____

Planning and Development Inspector