City of Durham
Temporary Outdoor Watering License Application

First Name:			Last Name:		
Company Name (if applicable):					
Phone No.:			Fax No.:		
Email address:					
Street Address (where irrigation will occur):			Mailing Address:		
City:	State:	Zip:	City:	State:	Zip
Water Account Number at watering location:					
Please explain the reason for your license request:					
Please describe the plant material to be watered:					

Irrigation will occur by (check all that apply):

- ☐ Hose-End Sprinkler
- ☐ Automated Spray (Sprinkler) System
- ☐ Manual Spray (Sprinkler) System
- ☐ Automated In-ground Drip System
- ☐ Manual In-ground Drip System
- ☐ Other _____

I hereby attest that all information contained on this application is correct and true to the best of my knowledge. I understand that any license received pursuant to this application may be revoked for failure to abide by established rules and procedures, for misrepresentations made in this application, for excessive runoff from the irrigated landscape or other water waste, or for any other good cause. I understand that a license granted through this application will be valid for only **45 days** from the date of issue. I also understand that **NO irrigation is allowed on Mondays, however hand watering IS allowed.** I understand that completion of this application in no way guarantees or implies approval for a Temporary Outdoor Watering License.

Submit by mail or fax to:
City of Durham
Dept. of Water Management
1600 Mist Lake Dr.
Durham, NC 27704

Phone: (919) 560-4381
Fax: (919)-560-4479

_____ _____
Signature Date

Office Use Only

License No.

Approval by: _____ _____
City Manager or Designee Date

Sign Issued by: _____ Start Date: _____

Sign Received by: _____ End Date: _____