



**TOWN OF SHELTER ISLAND**  
**38 North Ferry Road, P.O. Box 970**  
**Shelter Island, New York 11964**

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**Application for Annual Irrigation Permit**

**1. Name, street address and phone number, cell phone number and email address of applicant:(If corporation, list principal officers, stockholders and directors)**

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone-office-cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**2. Address of Shelter Island property seeking irrigation permit:**

\_\_\_\_\_

**3. Tax Map Number of Shelter Island property seeking irrigation permit:**

**0700-** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**4. When was this system installed:** \_\_\_\_\_

**5. The Town has required permits for the installation of irrigation systems since 1996 and required all the pre-1996 systems to get building department permits for the system. Please attach a copy of your irrigation permit. If you cannot find it, please submit all the information you have available and we will check our records:**

**ON FILE** \_\_\_\_\_

**6. Please give the name and phone number of a person who can respond immediately to irrigation issues if you are not available (your landscaper or property manager):**

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**7. Owners with cisterns are asked to attach proof of filing the cistern in the prior year with trucked in water, itemizing the dates and gallons delivered. Please be sure to keep all water receipts for the upcoming year to provide with next year's application. Failure to submit such info in future years may result in denial of permit renewal.**

**8. Owners with legally grandfathered irrigation systems shall attach a copy of a chloride test of the irrigation system water pursuant to a sample taken in the previous 60 days.**

**The information is attached**

**9. A fee of \$350 Grandfathered Irrigation Systems.  
\$100.00 fee New Turf Renewal—  
Please include fee with application**

**10. Licensed Irrigation Contractor certification, calculations and diagram are attached.**

**The information is attached**

**I understand that holding this license carries important responsibilities to ensure that irrigation in the Town of Shelter Island is done responsibly and efficiently. I give permission for the town to enter my property (upon appropriate notice to \_\_\_\_\_ (insert name and phone) to observe system operation and perform water testing for chlorides on non-cistern systems.**

**I understand that I, as property owner, must have a valid irrigation permit before I or my designee may operate an irrigation system on the property.**

**I understand that an irrigation system permit is issued annually and is subject to a 90 day suspension of the right to irrigation if the system is improperly operated. Violations are the responsibility of both the property owner and the person(s) who operate the system.**

**Date \_\_\_\_\_ Signature \_\_\_\_\_**

**Contractor: \_\_\_\_\_**

**S.I. License # \_\_\_\_\_**

**FEE PAID \_\_\_\_\_**

**Permit # \_\_\_\_\_**

**Licensed Irrigation Contractor Certification**

**1. Please submit a scaled drawing showing the layout of the irrigation system on this property (actual for existing systems, proposed for new systems), indicating the following:**

**Water source:**  Water well  Irrigation well  Cistern  Public water supply

**Square foot of irrigated area** \_\_\_\_\_

**Number of zones** \_\_\_\_\_

**Number of irrigation heads** \_\_\_\_\_

**Type and number of feet of drip irrigation** \_\_\_\_\_

**Make and model of clock controller** \_\_\_\_\_

**Location of master control valve** \_\_\_\_\_

**Location of Rain sensor** \_\_\_\_\_

**Location of Soil moisture sensor** \_\_\_\_\_

**Location of backflow prevention device (when on public water)** \_\_\_\_\_

**Consumption of system (all zones) in gallons per week** \_\_\_\_\_

**Consumption of system in inches (all zones) of water per week** \_\_\_\_\_

**2. The irrigation contractor must prepare a calculation showing the irrigation system's estimated water consumption per operational cycle of all zones. Indicate the # cycles per week. Please attach that document.**

**The information is attached**

**Layout on file**

**3. This is the certification from a licensed irrigation contractor that the system meets the town code. Names of licensed irrigation contractors can be obtained from the building department.**

**I, \_\_\_\_\_ (name), am a Shelter Island Licensed Irrigation contractor.**

**I have examined the irrigation system at this above location and find that it meets the requirements of the town code in terms of technology and efficiency.**

**Sworn to under penalty of perjury:**

**Contractor** \_\_\_\_\_

**Firm name** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**S.I. License Number:** \_\_\_\_\_

